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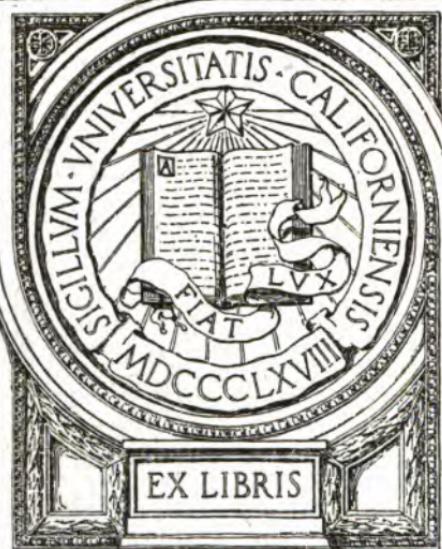
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# THE YOUNG MOTHER'S HANDBOOK



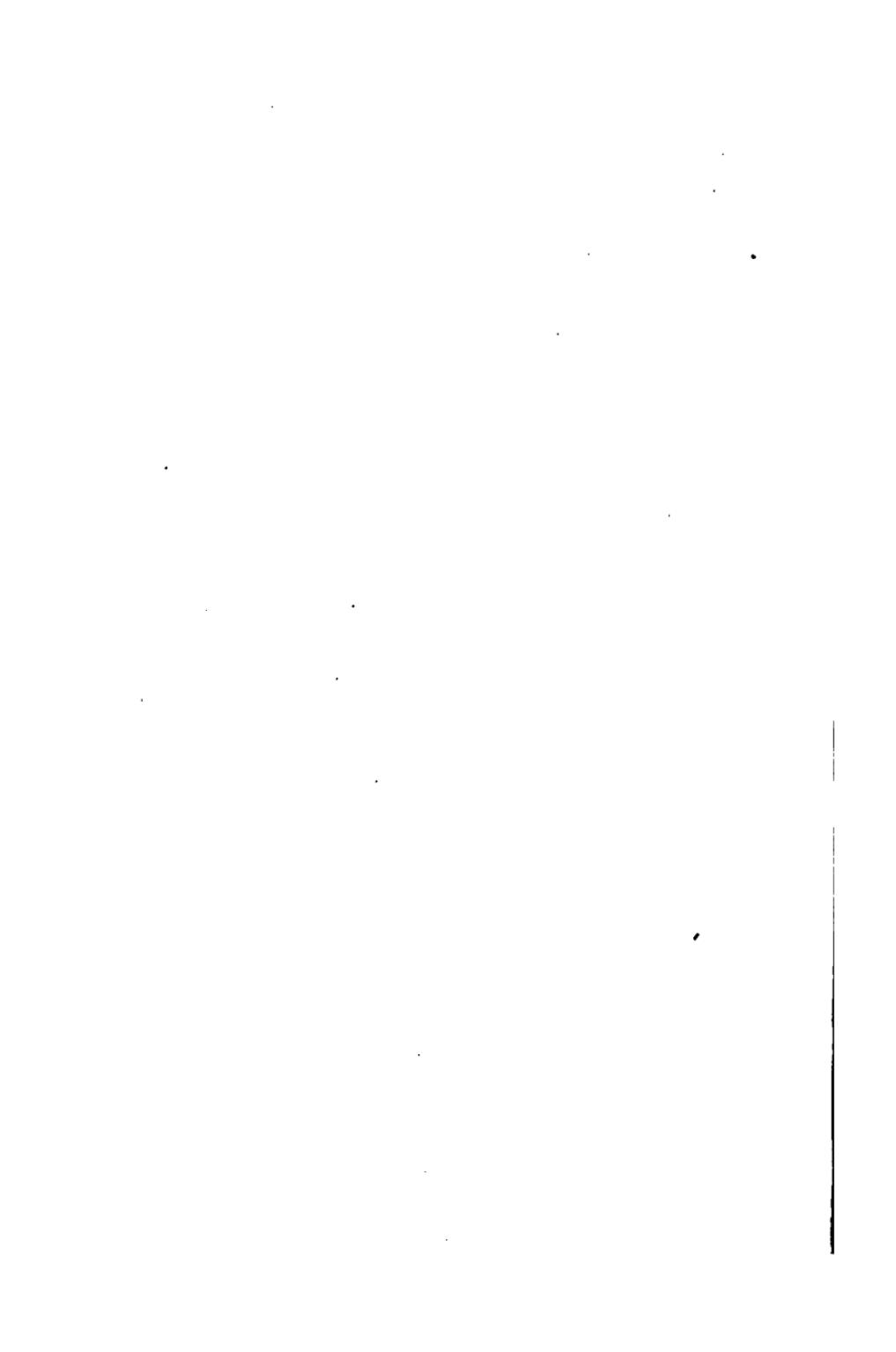
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HARPER & BROTHERS, NEW YORK

# THE YOUNG MOTHER'S HANDBOOK

HOME TREATMENT, DIET, AND  
PHYSICAL TRAINING  
FOR CHILDREN

BY  
MARIANNA WHEELER

AUTHOR OF  
"THE BABY: HIS CARE AND TRAINING"  
EX-SUPERINTENDENT OF THE BABIES'  
HOSPITAL, NEW YORK



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## FOREWORD

FROM the time a baby is born until it is several years old it offers to its anxious mother various problems of diet, health, and care. If a doctor is constantly available these problems need not harass her. If one is not, they may become a grave menace to her peace of mind and to the child's welfare. The purpose of this little book is not to usurp the doctor's duties, but to offer help when he is not available, and above all to teach mothers how to recognize and check their children's simple ailments before they become sufficiently serious to demand a physician's attention.

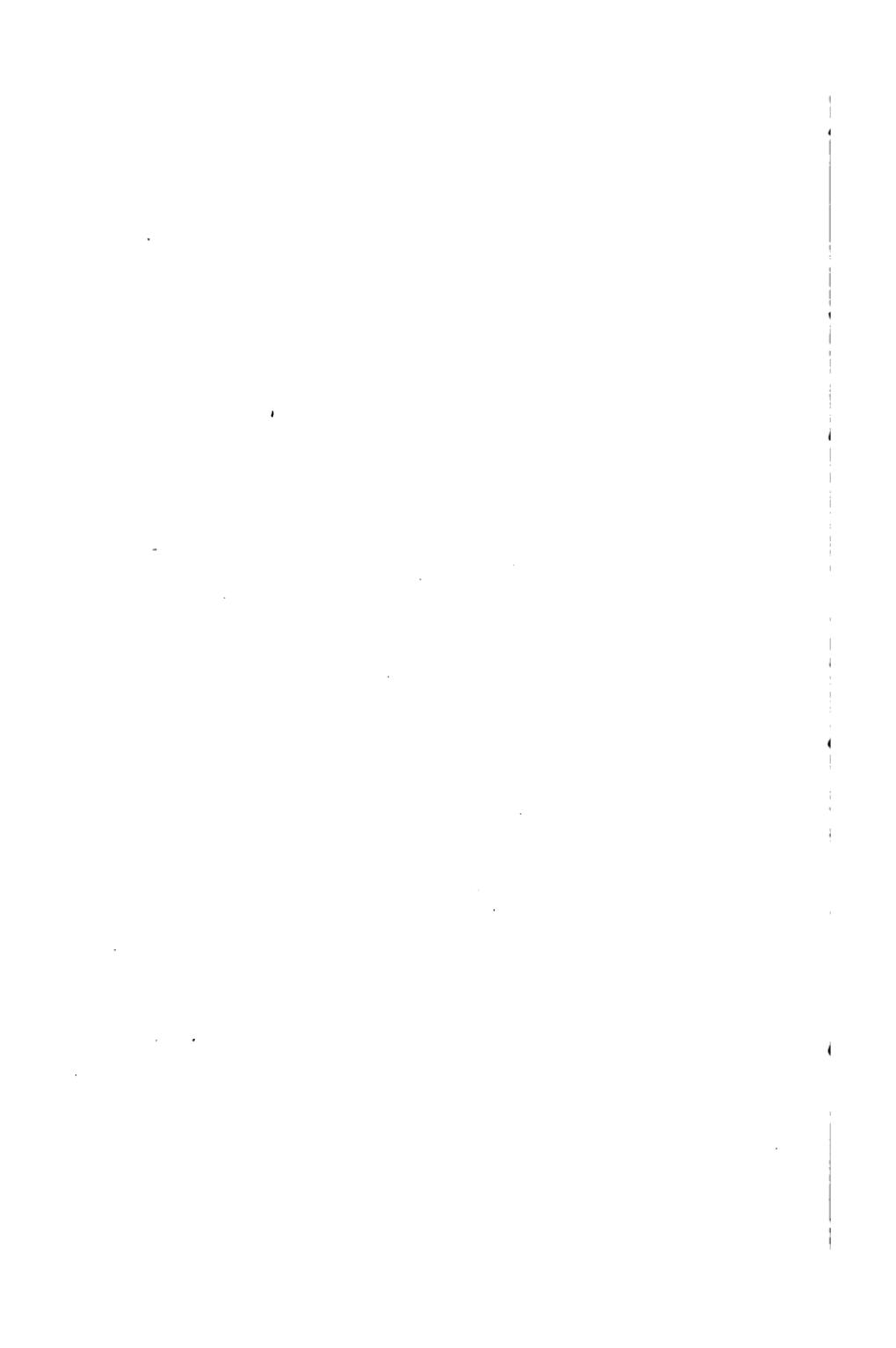
The suggestions which follow are the result of the writer's experience of fifteen years as superintendent of the Babies' Hospital of New York.

M. W.



**Part I**

**SIMPLE AILMENTS OF CHILDREN**



UNIV. OF  
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## THE YOUNG MOTHER'S HANDBOOK

### I

#### COMMON SKIN DISEASES

MANY little points connected with the general care of the baby which are frequently entirely overlooked or only casually noticed and passed over as unimportant are of much more moment than mothers realize. While there are undoubtedly many unimportant things that it is just as well not to worry about, on the other hand there are a great many little things which occur with infants which, while seemingly unimportant, often cause considerable discomfort to the baby and,

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if neglected, might end more seriously than anticipated.

It is my intention to take up carefully all the minor details and little things to be observed about the scalp, skin, mouth, eyes, ears, etc. We will commence with the skin.

The cuticle, or outer skin, of an infant is especially delicate and sensitive and very easily affected by different conditions; consequently, considerable attention should be exercised in its care. Pimples, rashes, etc., should be carefully noted and treated; and very often the treatment is so simple that cure or relief is entirely within the power of the mother or nurse.

The first warning is this: do not use strong or cheap soaps on the skin of the infant. If the skin is very tender, if there is eczema or a tendency to it, if the skin chafes or chaps easily, if during the hot weather the child suffers from prickly heat, if the skin is dry or scaly—it is much better to use no soap at all, and to depend upon the bran-bath to soften the water enough to cleanse the skin. In fact, in some cases, especially where there is eczema, the tub-

bath should be omitted altogether, and only those parts of the body that actually need it should be sponged with water.

The most common afflictions of the skin of children are as follows: eczema, prickly heat, furunculosis (small boils), ringworms, seborrhœa, intertrigo, and hives, or, as it is sometimes called, urticaria.

Of these diseases eczema is probably the most stubborn and trying to treat. The stages of the disease best known are the acute, or weeping, stage, where the skin is bright red, accompanied with heat and intense itching, and where the skin is shiny, with a clear watery serum oozing from it. This kind of eczema is most trying, and little encouragement as to its speedy cure can be given. At times it will seem as though some headway is being made, new skin and apparently healthy skin forms on parts of the body, but the cure is only temporary. It is almost sure to break out in another part of the body, or at some unguarded moment, when the watchful care has been suspended somewhat, the child gets at the affected parts, scratches, and undoes the faithful work of weeks.

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In the majority of cases where there is this severe or weeping form of eczema the mother had better prepare herself in the beginning for a long siege; the skin will, with some short periods of rest, need most careful attention, the diet will also need to be restricted. In most cases it is not until the second or third year that any permanent improvement can be looked for, and then suddenly the active principle of the disease seems to have exhausted itself, and the skin suddenly clears and gets well. A return of the disease with its irritation and rawness may never occur.

The home treatment of such cases is as follows: the child will scratch and tear at the itching skin with his fingers until he is raw and bleeding; if his hands are tied he will rub against the pillows, chairs, or anything convenient. This irritation of the affected parts must be avoided in every possible manner. To prevent scratching with the hands a very practical plan is to bind on a light splint at the elbow so it cannot bend. A man's stiff cuff answers the purpose very well. If this is done the child cannot bend the arms at the elbow,

consequently he cannot reach his face or parts of his body above the waist with his hands, while at the same time he is not deprived of the use of arms and hands, as he can use them in many ways for his own amusements.

As the face is usually the chief part affected, the child must be watched carefully and kept from rubbing it against corners of furniture or different objects he comes in contact with, especially the pillows and bedclothes and sides of the crib at night. The best way to prevent this is to apply a mask made of heavy unbleached muslin. This keeps the surface of the skin well covered and protects it when the child rubs against objects; and it also, in a measure, excludes the air, which is quite important. It also keeps in place a healing or soothing dressing.

Where there is as much irritation as this water should rarely touch the affected spots; they should be cleaned with olive-oil or sweet-almond oil. Where a heavy crust has formed these places should, once or twice a week, first be softened by an overnight application of oil or vaseline.

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The best way to do this is to saturate a cloth with the oil or vaseline, put one or two thicknesses over the crusts, and over this put some thin oiled silk or heavy glazed brown paper. This causes the oil to be absorbed by the crusts and not by the bandages and bedding. In the morning wash the parts with a strong lather of water and pure soap—a good shaving-soap or tincture of green soap. The crusts will in this way become softened and are easily removed. After this you may again apply the healing ointment, lotion, or powder.

The portions of the body not affected by the eruption should be bathed with bran-water, salt and water, or borax and water; soap should not be used at all.

Simple, but often effectual, home treatment for eczema in this stage may be found in some of the following formulas. An ointment may be made as follows: oxide-of-zinc powder, one teaspoonful; corn-starch, one teaspoonful; clean vaseline, one tablespoonful. These ingredients should be mixed well together to form a smooth paste; an old and flexible table-knife and a plate will answer for the implements to

work with. Ointment should be spread generously on soft linen and applied to the affected spots. If applied to the face it should be kept in place by a mask; if on other parts of the body, by bandages. Simply to rub the ointment on will not answer; it must be applied as directed above.

Another good means of relieving this form of eczema is by a lotion made up of ichthyol, one teaspoonful; water, one-half pint. Sop this on with a piece of absorbent cotton or a bit of soft cloth, then before it dries dust on a powder made of one tablespoonful of corn-starch, one tablespoonful of talcum powder, and one-half teaspoonful of boric acid. Again another simple help is to rub well into these parts stearate-of-zinc powder. One must be sure, however, that this is of a superior quality, otherwise it does not do good work as a healing agent. Another ointment often used with good effect is: vaseline, one tablespoonful; sulphur, ten grains; and yet another remedy often efficacious is one heaping tablespoonful of oxide-of-zinc powder thoroughly mixed with three tea-

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spoonfuls of olive-oil. This is simple to make and in some cases works exceedingly well.

The diet of the patient is something of a factor in the home treatment of this disease. While eczema attacks thin children as well as fat, it is much more common in fat children. While suffering with this trouble they should have a modified diet. Fats should be avoided as much as possible. No cream or very rich milk should be given, and in the case of older children very little or no butter. Sweets and starchy foods must be given only in moderation. The system should be kept clear by the use of mild cathartics, such as milk of magnesia or citrate of magnesia, giving from one to three teaspoonfuls a day. It is best given in divided doses, a teaspoonful at a time, and to children less than a year old one-half teaspoonful at a time. It is often well, also, to give castor-oil in generous doses twice a week, from one to four teaspoonfuls, according to the age of the child.

Children with this diseased skin should not be allowed to go out in very cold or

windy weather; care, too, should be taken that they are not allowed to get sunburned. Often when one thinks the disease under control and about healed exposure to the cold air or a sharp wind will undo the work of months.

With another form of eczema the skin is very dry and scaling. This condition usually comes in patches, most commonly on the face; also in spots from the size of a half-dollar to that of the palm of the hand on the body. This form, like the one before described, should be handled with care, although it is not as annoying or hard to cure. No soap should be used on the body, and the bran-bath is in order. One may be given every day, but if the water is found too irritating, three times a week will perhaps be better. Salt-baths, too, are very beneficial in such cases.

Among the many things helpful for this form of eczema is a wash of one part glycerine to four parts rose-water; also the ichthyl wash or stearate of zinc already mentioned.

Any irritation of the skin by scratching or exposure to a sharp wind must be avoided.

All children suffering from eczema should have plenty of water to drink, thus aiding the kidneys to act freely. In eczema, the skin being naturally more or less susceptible to any kind of irritation, woolen undergarments should not be worn next to the skin. Silk makes the most comfortable undergarment under these conditions, but soft cotton or linen can be worn next to the skin, and a woolen shirt and ribbed band over that for warmth. Especial care should be taken of the diapers of eczema cases, and a mild soap should be used for washing them; repeated and careful rinsing must be done, with a little borax in the rinsing water. The child must be carefully washed, and not be allowed to wear a wet or soiled napkin a moment longer than necessary; he should be thoroughly dried and powdered before the dry diaper is put on.

There is another form of eczema which occurs more frequently with fat children than with thin ones, and is caused by opposite surfaces of the body rubbing together until they become raw. It occurs in the deep creases and folds of flesh, such

as the neck, under the arms, in the groin, and often, when the child is very fat, in the creases of the wrist. The skin on the opposite sides of the crease becomes moist through perspiration, and a constant irritation causes chafing, and finally the flesh becomes raw. To prevent the trouble occurring the parts should be separated several times a day, dried if necessary, and a good talcum or stearate-of-zinc powder dusted in. Plain corn-starch is good when the other cannot be had. When, however, the irritation reaches the point of rawness, insert in the crease a piece of soft linen spread with the zinc, starch, and vaseline ointment mentioned. The linen keeps the parts separated so they cannot rub together, and the ointment heals the soreness. This treatment works marvels in a short time.

Another eczema is that which attacks the scalp only, in the form of a thick, oily scab often called "milk crust." This crust must be removed with some care. If roughly taken off with a fine comb, leaving a moist surface in its place, it will soon form again. The crust should be softened

by covering the scalp thickly with sweet-oil or vaseline mixed with resorcin, five grains to one tablespoonful of the oil, or to one ounce of vaseline. Either of these should be applied thickly at night, and the scalp covered with a piece of soft linen and some protective, such as very thin oil-silk or rubber tissue. In the morning the scalp should be carefully washed with warm water and soap, and any part of the crust that has loosened should be gently removed. The skin beneath the loose crust will generally be found to be healthy and clear, but do not force away any more of the crust than can be easily removed. Repeat the treatment each night and morning until the scalp is free and clean. After this about three times a week rub the scalp with a few drops of castor-oil.

A skin trouble closely allied to eczema is prickly heat. This trouble occurs more often during the heated term, and, as with eczema, fat children are far more likely to suffer from it than thin ones. It generally appears in a fine pimply rash on face, neck, and chest, but often covers

the entire trunk; it closely resembles scarlet fever, the chief difference being that the little pimples are more raised and more widely separated. With this eruption there is considerable heat and itching, which is extremely irritating and trying for the little one to bear. The means of soothing and relieving it are quite simple. If neglected the child will rub and scratch until a real eczema is started, for the danger is that when the child scratches the flesh it may become infected from the finger-nails, which causes small boils to form. In fact, it is not at all uncommon after a heated spell, if a child has had prickly heat, to find the body dotted with small pustules. The remedy for this most aggravating trouble is cooling sponge-baths. The bath should be of lukewarm water at about ninety-six degrees, made soothing by the addition of either starch, soda bicarbonate, or vinegar. To a basin of water one should use a small bit of starch, just enough to make the water look slightly gray and milky, of bicarbonate of soda a teaspoonful, or of vinegar two teaspoonfuls. In giving the bath

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sponge the child freely all over the body with a soft wash-cloth wrung out not too dry; after the bath wring the cloth as dry as you can and go over the body again. Do not rub the body with a dry towel; the slight amount of moisture remaining on the body acts as a cooling agent, and when the bath contains starch or soda bicarbonate it leaves a little deposit when the body dries, which has a soothing effect on the irritated skin.

Children who are subject to prickly heat should not be burdened with heavy under-wear; this is the most common cause of the eruption. They should have a bran-bath in the morning without soap, and a good dusting-powder freely used; and at night a warm sponge-bath, as described above, before going to sleep, and more dusting-powder.

The system should be kept clear by some mild saline solution in small doses, and if the eruption is very irritating or the child is fretful and feverish and cross a few drops of sweet spirits of niter in water may be given.

Hives is another of the trying eruptions

of childhood. It appears on the face, arms, and legs, and, in fact, all over the body, in the form of raised pink patches varying from the size of a pea to that of a half-dollar, and in extreme cases the eruption is irregular in form and as large as the palm of the hand. In such cases where the eruption persists and does not yield to home treatment a doctor should be called. Indigestion is usually the cause of this eruption, and with children who are having a liberal diet this should be modified at once. Milk should be the only diet for a time, and sometimes it may be necessary to partly peptonize that. Milk of magnesia or citrate of magnesia should be given in doses of one teaspoonful every day. Cream-of-tartar water—a level teaspoonful of cream-of-tartar to a cup of water—given in doses of from one to two teaspoonfuls three or four times a day is also very good. For external treatment bathe the skin frequently with one of the following lotions: equal parts of witch-hazel and water; alcohol one part, water two parts; or the sponge-bath recommended for prickly heat.

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Ringworm, like the disease before mentioned, is not very common, but when it does appear it needs immediate attention to prevent it from spreading. It is more frequently found in institutions and among children who attend public schools. It comes on the face, neck, and scalp. It is circular in form and dry and of a rusty color. It generally commences in a small ring, which grows outwardly, enlarging to the size of a nickel and sometimes much larger. When it comes on the face or neck paint the circle with tincture of iodine, being careful to cover both edges of the circle. Before using the iodine, wash the eruption with warm water and soap to soften it; use a soft piece of cloth for this purpose, and burn it after using. If the ringworm is on the scalp the hair is likely to come out on the infected spot. Cut the hair closely about the place and treat in the same way as on the face. A brush should never be used on the hair while the disease is active, as it may be carried to other children in the family; use only a comb, and see that no one else uses the same one.

Mosquito-bites are always annoying and often extremely painful; in fact, even dangerous, as a certain species infect one with malaria. In districts where mosquitoes are common children should be most carefully sheltered from these little pests; windows, doors, and verandas should be screened, and when the baby goes out a netting should be arranged over the carriage. The odor of camphor is excellent to help keep the pests away, also equal parts of oil of sassafras and alcohol rubbed here and there on the skin will prevent them from biting, and often, while the odor is fresh, keep them away. For the bite itself, especially when the sting poisons and causes a hard, raised spot, an application of witch-hazel and water in equal parts is very good as well as soothing and cooling to the itching and burning spots. Common table-salt slightly moist placed on a fresh mosquito-bite will soon stop the itching.

Flies are another common insect by which children are annoyed. They also are the means of carrying the germs of disease, and during the months when flies are nu-

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merous the mother should exercise as much care as possible in shutting them out of the room where the baby is kept; also in protecting him from them while out-of-doors. If the mother will put her thoughts on this subject for but a few moments and consider the decayed, diseased, and unclean matter which flies infest, she would need no further arguments or facts to convince her that it is dangerous to allow them to alight on her infant, especially on the eyes, nose, and mouth. Older children will protect themselves more or less against this insect.

## II

### THE EYES AND EARS

MANY ailments of childhood are so slight and so simple as to be easily treated by a mother without the care of a physician. If there are symptoms which are beyond the mother's understanding she should consult a physician even at the cost of considerable inconvenience; but if the trouble yields readily to the suggested remedies she is safe to act as her own doctor.

There is no organ in the body more delicate and sensitive than the eye, and ignorance as to its proper care and protection during infancy often leads to impaired eyesight when the child is older. The child's eyes should at all times be protected from brilliant light or glare. The new-born infant through instinct will, in

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a measure, protect himself, for as he finds bright light painful he will naturally close the eyes when the bright rays shine into them. For the first few days or weeks the infant should be kept in a room where the light is subdued. The light admitted to the room may each day be made a trifle brighter than the day before, until the normal amount of sunlight can illuminate the room without injuring the eyes; for the first few months, however, one should be careful not to allow the baby to look directly toward the bright sunlight or trying white lights of any kind. While it is healthful to let the sun pour into the nursery from morning to night if possible, the coloring of the room should be such as not to reflect a glare. Light pinks, yellow, blue, cream, red, and white are all bad colors for the walls of the room where the baby stays, unless all bright lights are excluded, while almost all the shades of green, except the very light tints, are soothing and restful to the eye, so much so that sunlight shining brightly on walls so colored will not be trying even to the eyes of quite a young baby. Children

should never be allowed to lie in their carriages gazing up to the sky even on a day which is overcast; a parasol or canopy lined with a deep shade of green should always be used as a protector. When the child is older, and is out-of-doors and away from the protection of the shade-trees, he should always wear a shade-hat. Hats made of white straw or white piqué, also white sunbonnets, are very attractive, and the color would make them seem most appropriate for little children, but there is no doubt that the white light shed through their broad, protecting rims materially weakens the eyesight of many little children.

The eyelids of children should be carefully kept clean and free from crusty formations. To do this they must be carefully washed once a day—twice or three times if necessary. There is always more or less exudation from an infant's eyes during the night, which by morning is apt to harden and form a gummy or hard substance on the lids. Many mothers and nurses (even particular ones) do not entirely wash this away, for fear of hurt-

ing the child. The act of cleaning the lids does not hurt the child nor harm it nearly so much as to allow even a small amount of discharge to accumulate and harden on the lids among the eyelashes. Every prudent mother will keep at hand a bottle of boric-acid solution made by adding a heaping teaspoonful of boric-acid powder to one pint of either distilled or boiled water. This will make a solution which will last an almost indefinite time, and will be found most useful as a wash for eyes, ears, mouth, little abrasions, cuts, etc. When giving a child his bath every morning bathe the eyelids gently with warm water or warm boric-acid solution until every particle of secretion is removed, then open the eye with the thumb and forefinger and drop from a small bit of absorbent cotton, clean linen, or a dropper one or two drops of the boric-acid solution into the eyes. If this is done once every day, under all ordinary circumstances the eyes will be kept clean. If there are crusts which are very hard and not easily removed, soften by rubbing the lids with a little clean vaseline. If, however, there

should be any secretion, such as small quantities of pus forming during the day, wash the eye by dropping in the solution as often as a particle is seen, even if it is every hour. This condition frequently occurs when the child has a cold.

The eyes are also often infected from particles of dust blown into them on windy days. For this reason, in cities, on days when the winds are high and street dust in minute particles is blowing about in the air, the child had better take his airing in the house or in the sun-parlor on the roof. Veils are not always practicable as a protection; while they may keep out coarse particles blown by the wind, a fine powder-like dust, which is often the most harmful, will sift through, and stays lodged underneath the veil, where it cannot get out easily.

The ears are quite as important members to be cared for as the eyes, and when they stand out from the head they are anything but ornamental. From earliest infancy be careful to see that the ears are always kept back in place. When the child is lying on his side be sure that the

ear is lying flat against the head, not folded over toward the face. Be careful that the child lie on one side as much as the other. If he lies always on one side, the ear on the opposite side is apt to stand out a little more than the one on which he lies. Nurses when putting children's caps on are often careless in not seeing that the ears are pressed flat against the head. Time and again when a baby's cap has been removed have I seen the little ears red and creased by being bound forward by the snug cap; and if baby has thick hair or curls which are gathered in a little mass behind the ear, they too will prevent the ears from lying back close to the head, especially where there is the slightest tendency of the ears to stand out. The mother or nurse should be very careful of these little things, for if neglected until the child is a few months old it is not easy then to commence to remedy this defect. It must be looked after while the child is very young.

An excellent pattern for an ear-cap is made by cutting out the crown of a muslin cap which is a size too small for the baby.

Use the rim as a pattern; it may be necessary to add a little gore or two. Make the ear-cap of light taffeta silk, rather stout Brussels net, grass-linen, or some thin but firm material.

Earache is much more common in infants than is generally supposed, and often the poor baby is accused of being cross or hungry, and has to endure being walked with or having forced into its stomach food which it does not need or want. This perhaps causes a new pain in addition to his other troubles. With earache the cry is sharp, vigorous, and often continuous. The sufferer will usually put his hands to the ears, older children will often push the finger into the ears, even very young infants who have not yet learned the use of their hands will in some way reach the ears or sides of the head. With infants earache usually follows a coryza, bronchitis, measles, or pneumonia; it is frequently accompanied by a rise in temperature. Ordinarily earache is relieved by the use of some hot application, and small rubber ear-bags come made expressly for this purpose. These may be

filled with hot water and applied. It is well to make a small flannel covering for the bag to prevent any possible danger of burning the ear or surrounding flesh which comes in contact with the rubber. A simple home method is to make a small bag of flannel or cotton and fill it with salt, hops, or even sand, if nothing better is at hand. Place the filled bag in the oven until it becomes well heated, then lay it close to the ear. This will have as good results as the ear-bag mentioned. If the earache is at night, and it is not easy to secure heat by the methods mentioned, take a piece of flannel—the abdominal band if nothing else is handy—and heat it by holding it close to a lamp-chimney, or an electric bulb will answer the purpose if necessary. Apply this hot flannel to the aching ear. Syringing the ear several times a day with warm water one hundred degrees is also very good to relieve the pain. If the applications of heat, after repeated trials, do not help the pain, the other extreme—cold—will sometimes have the desired effect. The cold can be obtained by filling the rubber ear-bag

mentioned with ice-water, or a small flat bottle filled with ice-water will answer; in using either of these the water must be changed frequently in order to keep it cold. Instead of the cold water a small ice-poultice can be used. This is made in the following manner: Take a piece of ice which is about the size of a goose egg, place this in a piece of old cloth and crush by pounding with a hammer or some blunt instrument until the ice is quite fine; mix this well with a tablespoonful of flaxseed (bran may be used, but it is not quite so good), and fold this in a piece of soft cotton cloth, making a poultice about three or four inches square. Place this over the ear. The object of the flaxseed or bran is not for any curative quality, but both are more or less absorbent; then, too, mixing them with the crushed ice makes it less liable for the skin to become injured from the cold, which just possibly might happen if the plain ice were used. If a bit of rubber tissue or thin oiled silk is to be had, so much the better. Place the ice in this, then cover with the cotton cloth, and the water caused by the melt-

ing ice will not wet the pillow or clothing.

A frequent sequence of earache is an abscess. The hot applications used will often cause the abscess to break and pus will be discharged through the ear; this is always a great relief from pain, and is usually not to be considered serious, but the ear should be syringed as long as there is any discharge. If the discharge is slight, twice a day will answer; but when it is profuse it is well to do it more often—three or four times a day. A soft-rubber bulb syringe is best. Use either warm boric-acid water or warm water plain to syringe with; afterward dry the ear carefully with a piece of soft cloth or absorbent cotton. The habit of wearing a bit of cotton in the ear is a bad one; the ear is a sensitive organ, and the cotton keeps the ear warm, so that when it is removed more cold is apt to follow. An eczema or chafing about the ear frequently follows a discharge of this kind, partly due to the discharge and partly to not drying the skin about the ears carefully after syringing; a little stearate of zinc thoroughly

rubbed into the skin around the ear, and especially behind it, will be invaluable as a preventive; but when the skin begins to show signs of irritation some of the zinc and starch salve, the recipe for which was given in the first chapter, will prove useful.

Foreign bodies in the ear are in most instances hard to remove, and if the object is firmly wedged in it is better not to attempt to remove it, but to send for the doctor. If the object is small, gentle syringing with warm water will probably dislodge it. When the object can be plainly seen, but cannot be dislodged by syringing, dip a small stick like a match in some strong glue, just far enough to get the smallest drop on the extreme end, then insert this sticky end carefully in the ear and hold it against the object for a while until the glue hardens. When withdrawn it will usually bring the object with it if not too firmly lodged within. Flies and small insects will often get deep into the ear, causing much annoyance and considerable pain; these are best removed by syringing with warm water. Dropping oil

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in to float them out is a bad practice; ear specialists say the oil causes certain changes to take place in the wax which are injurious to the drum of the ear, and deafness may follow.

The nose is often grievously neglected. It is a small member which needs careful consideration. If slighted a whole train of evils in the way of ear and throat trouble follows.

In the first place, the nostrils should be kept free. Ordinarily the nose of an infant needs attention but once a day, and that time is the morning; this cleaning process should be thoroughly but most carefully done, for the mucous membrane is sensitive and must be gently treated. The best way to cleanse the nose of a small infant or child is to wind a small piece of absorbent cotton tightly around the end of a wooden toothpick or match, then gently clean the nostrils. It is sometimes necessary to dip this cotton in warm water or olive-oil to make the cleansing more thorough, and it should be thorough in order that the child may breathe freely through the nostrils. A child should never

be allowed to breathe through the mouth. With many children this habit is formed in infancy, and whenever the mother sees the baby breathing with its mouth open, which often occurs in small infants, especially when the child is asleep, she should close the mouth immediately and hold it shut for a few moments. If the nose is clogged so that the breathing is difficult, clean it right away. Adenoids, a spongy growth in the back of the throat obstructing the nostrils, enlarged tonsils, and most of the catarrhal affections of the throat and nose are the result of mouth-breathing. Clogged nostrils also interfere seriously with an infant's taking his food properly. The nose should be just as carefully attended to each morning as any other part of the toilet. Syringing the nose is not a good thing to do under ordinary circumstances; syringing, if indiscriminately practised, will later cause ear troubles and deafness.

The character of nasal discharges in children should be watched. There is a thin, watery discharge which is the result of rhinitis, or cold in the head. This is

not serious, and will go away of itself in a few days, but the nostrils must be kept clear. Then there is the thick discharge of catarrh or chronic cold in the head; this is common in children who are kept in close rooms or sleep in nurseries which are kept too warm and not well ventilated at night. These children take cold easily from the slightest change of temperature in the house or when they go out, until the cold becomes almost a constant affair. Fresh air in plenty is the cure for this. Another kind of discharge, and one not to be overlooked, is thick and yellow, with a tinge of blood. A blood-tinged discharge that is not actually a nose-bleed should receive immediate attention and a doctor be consulted; this is a marked symptom of nasal diphtheria, and cannot afford to be neglected, for the child's sake as well as for those with whom the child comes in contact.

With a very small amount of care the healthy infant's mouth can be kept in good condition. While the child is very young and secretes very little saliva, the mouth should be gently swabbed with cot-

ton or soft linen dipped in boiled water or boric-acid solution, after every feeding. When the child is a little older and there is more saliva the mere act of swallowing this will keep the mouth clean, but twice a day, night and morning, the mouth should be washed with boric-acid solution or warm water. In washing the mouth be careful not to rub the tongue or any part of the mouth roughly. The best way to clean the mouth is to wrap the cotton or linen around the finger, dip it in the solution you are to use, and then gently press on the tongue and around the sides of the mouth. The child will naturally suck the moist swab, and this act is sufficient to thoroughly cleanse the mouth.

Thrush, or sprue, is a fairly common disease in infants. It has various causes, the most common being slight indigestion, or particles of milk that have not been swallowed, but remain in the mouth, causing fermentation. Sprue is easily cured by washing the mouth with either boiled water or carbonate of soda and water, an even teaspoonful in a cup of clean water. Keep this solution covered and wash the

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mouth at intervals, varying from every fifteen minutes to once in two or three hours, as the severity of the case demands. If there are only a few patches in the mouth a boric-acid mouth-wash two or three times a day will probably be all that is necessary. Do not use honey and borax, which is so commonly advised; there is nothing worse—the disease thrives and spreads rapidly under this treatment.

In older children small ulcers are sometimes found in the mouth, on the tongue, roof of the mouth, and gums. Indigestion is the first cause. The trouble commences with one or two ulcers or canker sores in the mouth; this hurts the child when he sucks or swallows, and he naturally saves himself as much pain as possible; the consequence is a portion of the food remains in the mouth, saliva accumulates, and fermentation takes place, making the mouth still more sore. The ulcers increase in size and number; the gums grow red and tender about the teeth where the particles of food lodge; the child drools considerably, and the gums bleed easily.

This is called stomatitis. Foods rich in fats and sugar should not be given when this condition prevails. The mouth should be syringed twice a day with a mouth-wash of warm boric-acid solution. The best way to do this is to have one person hold the child in the lap, bending the head slightly forward. Use a hard-rubber syringe holding about one ounce; after filling the syringe with the solution place the nozzle in one corner of the child's mouth and gently force in the mouth-wash; this will flow in one corner of the mouth and come out the other side, cleansing it and removing decaying particles of food and accumulated saliva and mucus. Other good mouth-washes can be made from water and soda bicarbonate, in the same proportions as advised for sprue; borax and water, a bit of borax the size of a pea to a cupful of water; one teaspoonful of milk of magnesia to one-half cup of water; or any of the antiseptic mouth-washes usually found in first-class chemist shops, used in the proportion of one of the wash to three of water. The ulcers themselves should be touched with burnt alum, or burnt alum

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and bismuth in equal parts. Make a little swab of absorbent cotton and a wooden toothpick, dip it in the powder, and press it on the sore spot occasionally.

### III

#### THE HEAD AND THROAT

AMONG the simple ailments of children the minor troubles with the mouth, throat, and scalp may often be treated by the mother without the help of a physician, but to know when the case is sufficiently serious to require the doctor's advice is most important.

A child's teeth should receive attention as soon as they are through. While the child has only liquid food the ordinary mouth-washing will answer, but as soon as he begins to take solid food of any kind there will be trouble if care is not exercised. The softest of tooth-brushes should be used on the teeth, and one that is very narrow. Clean the little teeth carefully twice each day, brushing up and down as well as across the teeth. When there are

double teeth be careful to have the child open his mouth far enough to brush across the crown, as there are many little crevices here in which the food may hide. See that every particle of food is dislodged, especially the foods that form a pasty mass in the mouth, such as crackers, cereals, etc., for it is the tiny portions of this kind of food which lodge in and between the teeth, causing decay. It is not necessary to use tooth-washes, powders, or pastes to clean the teeth of children; water will suffice. Never use extremely cold or hot water. Decay commences from the outside of the tooth, not inside, and good sound teeth depend largely on the every-day care of the mouth.

Looking into a child's throat is a practice which should not be overlooked or slighted. Commence when the child is an infant, and do it once a week. This will answer while the child is very little, but as the child grows older this should be done twice a week, especially when a contagious disease like diphtheria is prevalent. Also be sure never to neglect this precaution when the child appears ill with no apparent cause.

If this examination of the throat is made regularly, as a part of the daily or weekly routine, the child becomes accustomed to it as he does to having the face washed, and will not mind in the slightest opening his mouth and having a spoon put in. An early discovery of tonsilitis or diphtheria is frequently the means of saving not only one life, but more if there are other children in the family. It is also very instructive to mother and nurse. They become so well acquainted with the normal throat that the slightest inflammation or exudate is easily detected. Children suffer from several kinds of sore throat. There is a red and congested throat that usually accompanies an attack of indigestion. Then there is the red throat that has a glistening appearance caused by thin layers of mucus covering it. This is usually a simple tonsilitis caused by a catarrhal condition. There is also the inflamed throat, sometimes swollen, where the tonsils are dotted here and there with small white spots, or follicles; this is called follicular tonsilitis, and is a very uncomfortable condition, the pa-

tient often suffering more than with diphtheria.

Another and more serious throat is where diphtheritic conditions prevail. This is indicated by a red throat, considerably swollen, which bleeds easily when swabbed. In diphtheria there is usually what is called a membrane which takes two forms—one a faint grayish streak resembling a thread of cobweb across the tonsil, and does not rub off when swabbed; or another form where there is a yellow thick-looking patch on tonsil or uvula. The tissue directly about the spot is usually of a purplish color, and the throat bleeds very easily if touched. There is, too, almost always a bloody nasal discharge. All of the anti-septic mouth-washes mentioned in previous chapters are good for the sore throats mentioned, and a swabbing of tincture of iron—one part iron to two parts glycerine—is also good. But in most cases where these symptoms occur I would advise consulting a doctor and letting him decide on the treatment.

The hair and scalp require but moderate attention to be kept in good condition.

The head should not be washed too frequently with soap, as it has a tendency to keep the scalp dry, and also makes the hair dry and brittle. Nature provides through the hair follicles a lubricating oil which keeps the hair soft and glossy. The scalp should be kept clean by the use of a soft brush. It is not well to treat the scalp harshly, as it keeps the delicate skin in a constant state of irritation; dandruff and eczema of the scalp are sure to follow.

The hair-brush should be kept absolutely clean. A young child who has not much hair and whose head is always carefully covered with a cap when out-of-doors, cannot accumulate much dust or dirt in the hair, and once a week may be enough to wash the brush. With older children, especially those who have long hair, the brush should be washed with ammonia and cold water and thoroughly rinsed three or four times a week and then placed in the sun to dry. If the child's scalp is very dry and scaly, the hair dry and scanty, breaking off so easily that it never grows very long, it is best not to use soap and water on the scalp at all, or only at

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long intervals. Massage the scalp every other day with the finger-tips, using a little castor-oil on them as a lubricant. Castor-oil, or castor-oil and witch-hazel in equal parts, used on the scalp, and in such moderate quantities as not to make the hair oily, is an excellent lubricant, and will strengthen the roots of the hair. After the massage brush the scalp and hair with the soft brush; if the scalp is dirty use occasionally witch-hazel and rose-water in equal parts to cleanse it. Pour a small quantity of this lotion in a saucer and apply it to the scalp with a small bit of absorbent cotton. Separate the hair in places and rub on this lotion. This is for cleanliness and comfort, especially in hot weather, and helps to keep the scalp in good condition. It will also make the hair more luxuriant in later years. I consider it wise to keep little girls with short hair until they are eight or ten years old, and in hot weather to let the child go without hat or cap except when in the direct sunlight.

As to the child's weight, even though the gain be slow, every baby after the first

week or ten days should show an increase. Many of the causes of loss of weight or lack of increase are due to the very simple things. I know of one case where the child had gained steadily for the first three months of life, then there was a change of nurses, and, although the food was made after the same formula, feeding intervals and quantity being unchanged, the baby lost steadily. The first nurse then came back, and there was a marked improvement in the child. After rigid investigation it was found that nurse number two was not particular with the bottles and nipples, sometimes letting the bottles stand overnight without proper rinsing, and that the solution in which the nipples were kept was not changed every day. The nipples themselves were probably not well cleaned after use. And while the food was given at the regular hours, the child was allowed to play with the bottle, to fall asleep while taking the food, and the bottle would stay with the baby anywhere from one-half hour to an hour at a time. This one case alone illustrates what careless administration of food will do tow-

ard allowing a baby's health to become impaired, although the food in itself was all that was to be desired.

If the baby is bottle-fed one cannot be too careful about all the little details concerning the child's food; everything connected with the preparation of the food must be kept scrupulously clean; and there is also much dependent on the methods of giving it. It is best to hold the child in a semi-upright position while taking the food. If, however, it is at times more convenient to have the food given while the baby is lying down, always have him lying on his left side, and, if possible, hold the bottle for him; if not, support it on a small pillow or cushion, so that food stays at the nipple end of the bottle. If the bottle lies flat the baby is sure to suck in as much air as food. It is not safe to let the baby lie on his back and take his food, even if some one is standing over him and holding the bottle. The hole in the nipple may be large and the milk thus may run out too fast, or the baby in his hunger and eagerness may take it too fast. He chokes, and a portion gets into the air-passages,

and from there into the lungs, causing what is sometimes called a "food pneumonia." The fluid causes an irritation; the child is not strong enough to expel it by coughing.

Then again, it often happens that a very young baby does not take his food well, and after a time the attempt to make him take it is given up, the supposition being that he does not want it, and that under these circumstances it would be better not to force it. Don't take anything for granted with a baby, but take every measure to find the cause why the baby does not get his food. Examine the mouth for small ulcers, especially the one which comes under the tongue and often seriously interferes with the infant's feeding; look at the nipple to see that the hole is all right. If the hole is cut or split—in fact, if the hole is not perfectly smooth and round—as soon as suction is applied the cut or rough edges will close tightly together, and it is impossible for the milk to get through. Turn the nipple wrong side out and examine it. Often a small thread of the cotton with which the

nursing-bottle is plugged gets drawn into the end of the nipple, or if the food is made with a gruel a thick particle may clog the hole. Again, some infants do not seem to know how to draw from the nipple, but will roll it around the mouth. This will often happen if the baby's mouth is small and the nipple is a large one. In such cases the child must be taught to suck. This is easily accomplished with a little patience. The method is to press the lower jaw upward with your finger, relaxing, and then pressing again, imitating the sucking action until the child, feeling the warm food in his mouth, swallows, and soon learns to act for himself. All these little things will effect the child's weight.

Many children will regurgitate or throw off their food soon after it has been taken; in this case the child should be carefully put on the bed and left there for from one-half hour to one hour after each feeding. This often happens in children who do not nurse vigorously; some of the food does not reach the stomach, but remains in the esophagus, and when the child is

moved comes back. In fact, all infants, vigorous or otherwise, should be kept quiet for a while after each feeding. Another cause of vomiting in infants (and if the child does not retain his food he naturally will not gain rapidly) is the habit of putting the fingers, sometimes the whole hand, into the mouth. This habit is formed usually when the child is teething, as biting on the fingers seems to relieve the gums; the child, finding relief, crams the little fingers as far into the mouth as they will go. If this is done soon after a meal it naturally causes the child to gag, and so the food will come up. This is a habit entirely apart from thumb-sucking, and should not be encouraged, especially after food is taken; the hands should be tied down for a half-hour or so if necessary.

Pacifiers or blind nipples also interfere more or less with a young baby's digestion. Many babies who are given a pacifier in early infancy are perfectly content to suck one of these things most of the day, caring little whether food is given or not. This excites the secretion of saliva to an

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unhealthy degree, and often causes colic. Very tight bands will cause the baby to throw off his food. The band should be snug enough to keep in place without wrinkles, but never tight. The bottles in which the food is kept for an artificially fed infant should be carefully rinsed with clear water as soon as the child has taken his food, and then should be left standing filled with cold water with a pinch of borax put into it. Once a day they should be washed carefully with boiling water and soap - powder, then thoroughly rinsed. The nipple should be carefully washed inside and out, first with cold and then hot water, and kept in a covered glass filled with borax and water, soda bicarbonate and water, or boric-acid solution.

## IV

### HOME TREATMENT WITHOUT MEDICINE

A CHILD should never be forced to sit up at too early an age. Many children at two months will sit up with very little assistance, but it is not well to allow it. In fact, many children at six months or even older ought not to be allowed to do it unless some support is given to the back. While there are many children who sit firmly at this age, there are as many more who, after they have been in an upright position for a while, gradually bend over toward the front, the head hanging forward. In this position they will perhaps stay for a long time. This ought not to be allowed. The reason for this bending forward is that the muscular tissues of the back are not strong enough to support the spine for any length of time; the child be-

comes tired and leans forward, as it were, on the abdomen. This position is not good; if it be allowed day after day the spine becomes slightly curved, and often there results a very decided curvature which is hard to overcome. While it is not well for a child to remain in a recumbent position all of the time, he should be led gradually to sit up with a pillow or an arm for support. When the mother is a busy one, and has to be nurse as well as attend to numerous household duties, an ordinary clothes-basket will be found most helpful to her. The sides can be neatly dressed with a simple white muslin valance, and a soft pad or folded blanket covered with a small sheet may be placed in the bottom of the basket, with a soft, small pillow for the back. In this the child can lie flat with an afghan or small blanket for covering, and take his naps, or with the pillow for support he can lie in a semi-upright position, and as he grows older will grasp the sides of the basket and sit upright until he is tired, and then will lie back on his pillow again; as he begins to sit up some one should occasionally take a

look at him and, if he falls or leans forward, gently put him back on his pillow. This arrangement is far better than bolstering the baby up on a large bed where he rolls about, with danger of eventually falling off on the floor, or laying him in the crib, with the chances of rolling and striking against the hard sides.

Children usually begin to stand on their feet about the tenth month, and with assistance take a step or two. By the twelfth month they learn to take a few steps alone, and two months later run about. This, however, depends a great deal on the child's strength, which in turn is gaged by the nutrition; children nourished by patent foods are usually far behind the healthy breast-fed infant. It is the muscular, not the fat children, who are the most forward in this respect. Do not urge the child to stand on his feet, nor encourage walking too soon; let the child follow his own impulse. The majority of children are ambitious in this respect, and just as soon as they feel the muscles and bones strong enough to bear their weight they will surely make the

effort. If urged while the bones are soft bowed legs are the result. Children who are slow to walk are generally late in teething, too. Ordinarily the healthy, breast-fed infant will commence to cut his teeth at six months, and in some cases a trifle earlier; children brought up on patent foods are often as late as the twelfth or fourteenth month. The reason for this difference is that some of these foods do not nourish the bones, or, in other words, do not contain the bone-making elements to such a degree as does the mother's milk.

Teething infants are usually more or less disturbed during the teething period, and the following suggestions should help the child and save the mother some care and anxiety. If the child is restless and feverish when cutting teeth, always reduce the food a little. It is better to reduce the strength rather than to cut down the quantity. Children usually drool considerably and are thirsty at these periods, and water should be given freely between meals. If the child drools enough to keep bib and dress wet, line the bib with rubber

tissue or a prepared white cotton cloth, which is water-proof, and can be procured at most drug stores where surgical supplies are kept. This is important in order to prevent colds, especially in winter. Do not give the infant hard things to bite on; constant biting and chewing on a hard, non-resisting substance will cause the gums to harden and toughen, making it much harder for the teeth to force their way up to the surface. A soft-rubber ring or anything of that nature which has about the resistance of the fingers is much better. When the gums are swollen and red, and the teeth showing beneath the skin, the child worrying and fretting, it will afford much relief to the child if the teeth are helped to come through. Do this by taking the end of a clean towel or a bit of clean gauze and rubbing the gums until they bleed. If at the first rubbing the tooth does not show itself, the bleeding relieves the tension, and the child will be more comfortable.

A nursery medicine-chest is to my mind an unsafe thing to possess. When medicine is at hand, and so easy to get at, there

is a great temptation to give it. The habit of giving medicine or drugs without the advice of a physician is a bad one, and in many instances a dangerous one. Most drugs are more or less nauseating, especially to an infant's stomach; they seriously upset the digestion, and as the child is nourished and gains strength through the ability of the stomach to digest food, if this organ is crippled and rendered unfit to perform its function you are likely to lose the child. Why not try simple remedies for the little ailments of children, and let drugs which might prove dangerous alone? For instance, if the baby has a cough and there is a wheezing in his chest, do not neglect it. Act at once; not, however, by giving medicines (most cough medicines contain nauseating ingredients), but by a simpler and more efficacious treatment. If there is a constant dry, hacking cough, it is usually by inflammation of the mucous membrane of the throat, this irritation often extending to the lungs. In such cases nothing gives relief so quickly and surely as inhaling steam. This may be administered in several ways—first,

the child can be held at a short distance from the steaming spout of a tea-kettle for ten or fifteen minutes, but not near enough to scald the child. Let him breathe in fully the warm steam; this is a very simple method, but most effectual.

Another way to use steam is by means of a croup-kettle. Start the kettle boiling, and place the child in a crib covered with a sheet, and let the spout of the kettle come through near the foot of the bed; the sheet forms roof and sides of a little steam-chamber, and the child can lie in this from fifteen minutes to half an hour, longer if necessary. Another method is to partly fill a tall pitcher with boiling water, and holding the child with mouth and nose over the opening, let it inhale the steam, covering the head with a towel so no steam can escape. If there is a wheezing when the child breathes, try a mustard paste made of one teaspoonful of mustard and five teaspoonfuls of flour. Make it with cold water, and spread it on a thin piece of cloth or cheese-cloth; put this on the child's chest high up, and keep it there about ten minutes; watch it, how-

ever, and when the chest becomes well reddened take it off even if it has been on a much shorter time than the ten minutes. The skin of some children is much more tender than that of others, and will redden in five minutes, while others can stand it for twenty minutes before any effects are felt. Do not run any risk; sit by the child and peep at the chest every few moments to see that it is all right. It is not a bad plan to rub some sweet-oil on the chest to prevent any possibility of blistering. When applying the paste cover it neatly with a square of cloth or towel to prevent its soiling the clothing, and on removing it gently dry the skin with a soft cloth.

The action of the steam is to lubricate the air-passages leading to the lungs, also the air-cells of the lungs themselves, and thus relieve the irritation. The object of the mustard paste on the chest is to relieve the congested blood-vessels of the lungs, the heat of the mustard drawing the blood from the lungs toward the surface of the skin. Does not this sound more sensible than giving medicines which go

into the stomach, not the lungs? Castor-oil should be the only contents of the home medicine-chest; in fact, it should be the entire medicine-chest, and even castor-oil must not be given indiscriminately. A teaspoonful at the commencement of a cold is often helpful in carrying off the mucus.

For a cold in the head there is really little to do; it is best to keep the child away from draughts and let it run its course, which is usually about a week. There are drugs that can be given that will dry the mucous membrane, thus making the secretions less; there are also some containing opiates which quiet. But, as the relief is only temporary and both are bad for the stomach, they would better be left alone. For croup, again the steam remedy is good. Here vomiting often causes relief, but vomiting can be induced by running the fingers down the throat or by giving a little warm water and mustard. Sponges and cloths wrung out of hot water and applied to the throat are very helpful in croup.

Next, supposing the child has a sudden attack of dysentery, why hasten to give

medicine? There is cause for it; find out the cause and stop that if possible. It is invariably some food taken into the stomach which has caused all the disturbance. First remove the disturbing element by a good, large dose of our only nursery medicine, castor-oil. Next stop the usual food and give broth or gruel. Medicines that are binding, if given at the outset of the trouble, only aggravate instead of relieving. The treatment advised, if given in the early stages of the disease, will in most instances avert a more serious illness.

Supposing it is the stomach that is at fault, the baby has indigestion, does not retain his food, etc. What help are drugs in that case? Absolutely none, unless again the cause, which is probably the food, is removed. If the child cannot digest the food, then alter or adapt it until it suits the digestion of the child. Do not injure the stomach and make it still weaker by giving medicine. Sometimes it is not food that is the cause of indigestion. Good circulation is an important element. The hands and feet should always be kept warm; children with these members cold

have improper circulation, which causes feeble digestion and also colic. What to do for colic? Again no drug; hot water by mouth, warmth to hands and feet, warmth to abdomen. When the child is restless, fretful, or crying, again the mother will wonder which medicine in the medicine-chest will be most likely to help it, and from a tempting variety some one is sure to be selected as the one that will perhaps give relief, and again I advise, leave the medicine alone. Do not give it unless you know what you are giving it for. If you can find no special cause and it is near bed-time, undress the baby, bathe him with warm water (a tub-bath is not necessary), put on loose night-clothing, and, with a hot-water bag in the foot of the bed, tuck him in and leave him and see if he will not soon fall into a quiet, peaceful sleep. For restless children, especially in hot weather, a warm sponge-bath on going to bed, or even during the night, will act better than any soothing syrup or medicine. Try it.

# V

## COLIC AND ATTENDANT ILLS

**C**OLIC is a very common trouble with infants under six months of age, and especially during the first three months. The most frequent cause of colic is indigestion. Breast-fed as well as bottle-fed infants suffer from this painful trouble. In the case of the first mentioned it does not occur so often, and when it does it is usually because the mother does not choose her food carefully. If she will be moderate and confine her diet to simple, nourishing food, drink plenty of liquid, and keep her bowels in good order, the chances are that the baby will not suffer from excess of gas, which is the cause of colic.

If the baby is bottle-fed the cause of the disturbance is probably that the food is not properly modified or adapted to the child's

digestion. Too much sugar in the food is one cause, and patent foods, composed chiefly of some form of sugar, or those made from starchy products, are liable to cause colic. Sugar and starch, the latter of which is converted into sugar in the stomach, cause fermentation of the food in the intestines; from this gases arise, distending the stomach, which necessarily causes discomfort and in some cases a great deal of pain. Inability to digest the casein, or curd, of cow's milk is another cause of colic, and too much fat or cream another.

The signs of colic are a sharp, hard cry causing the face to become red, sometimes almost blue, according to the severity of the pain. During these paroxysms the child refuses to be comforted. The abdomen is distended and tense, the little legs are drawn up against the abdomen, and the child is only relieved by getting rid of the gases formed. Hot liquids taken into the stomach or administered by intestinal injection are usually very effectual. Do not give gin, brandy, or any stimulant containing alcohol; teas from

herbs; injections containing medication—all these I do not advise the mother to give without a physician's advice. Pure hot water can, however, be safely given, and usually with good effect, soon causing relief at any rate. First try what can be done by giving the child hot water through the mouth; several teaspoonfuls of very hot water given by a dropper will almost surely bring up quantities of wind, and the child will fall asleep from the relief it affords. Picking the child up and placing him over your shoulder or laying him across the lap on his stomach, and gently patting the back in conjunction with the hot water given, will usually relieve the pain, and no further treatment is necessary; but should this not work, rectal injections of hot water at a temperature of from one hundred and five to one hundred and ten degrees may be given. To do this, gently insert a rectal catheter and then pour the water into a funnel attached to the other end of the tube, gently massaging the abdomen with the finger-tips from time to time. When from one to six ounces have been injected remove the funnel from

the tube and allow the water to run out through the tube. For slight attacks of colic the placing of a well-heated flannel, or a hot-water bag, across the abdomen will prove very satisfactory, but do not fill the hot-water bag too full, as the bag should not be heavy and should also lie flat on the abdomen. Lastly, remember that by keeping the baby's feet and hands warm the digestion, through good circulation, is very materially assisted, and under these circumstances colic is much less likely to occur.

These attacks of crying which are caused by colic are likely to cause rupture or hernia in infants under three months old; after this age the danger is much less. The most common rupture is that of the umbilicus, or navel. The other kind of rupture is an inguinal one, which is more common with boys than with girls. Umbilical hernia is less likely to occur with fat children than with thin ones.

The treatment of umbilical hernia is in most cases very simple, and any mother ought to be able to attend to it herself if it is noticed and taken care of in time.

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As soon as any protrusion of the navel is noticed let the mother replace it by placing her forefinger over the tumor, pressing it back gently and holding it in place with the finger; then with the thumb and middle finger draw the soft flesh of the abdomen toward the navel until a portion of flesh on either side of the hernia folds over, meeting in the middle over the tumor. This forms a natural pad to keep the hernia in place. While thus holding it take a strip of rubber adhesive plaster, from one to one and a half inches wide, and, fastening it well around at one side of the body (in fact, an inch or two from the spine), draw it tightly around the body over the hernia to the other side. Fasten it at about the same distance from the spine. This strip must be drawn tightly to prove effectual; it can be left on several days, even a week, provided the plaster does not irritate the skin too much. If it proves irritating take it off and put on fresh plaster.

Constant treatment such as this will often cure the rupture in from two to four weeks. The adhesive plaster has an advantage over a bandage in the fact that

it does not slip out of place. Always before applying the plaster or bandage bathe that part of the body with warm water and castile soap, then rub with fifty-per-cent. alcohol in order to toughen the skin and make it less sensitive; if, however, the band still chafes and irritates (and it is more apt to do so in warm weather than in cold) use this method: Cover a good-sized wooden button-mold with Canton flannel; at either side attach, by sewing, a piece of rubber webbing or elastic one inch wide, and long enough to be drawn tightly around the body and fasten in the back; the skin under the band can be kept freely powdered to prevent chafing, and in the back, where the elastic fastens, place two or three folds of soft linen or absorbent cotton to prevent the flesh from being creased, bruised, or irritated.

A hernia in the groin is much harder to manage, but, as it is almost impossible to fit so small a child with a truss which will keep in place (a stiff truss is also very uncomfortable for an infant), the mother can make the child feel easier and, if the rupture is a slight one, effect a cure by im-

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providing a truss made of yarn. This is done as follows: Take a few long strands of white yarn, cotton or wool, make a rope about the size of your finger, double this in the middle so as to form a loop, then reduce or put back the hernia by gentle manipulation of the finger-tips. When it is reduced hold it and make a pad about one inch square by folding several thicknesses of adhesive plaster in such a manner that on one side of the pad the sticky side of the plaster is exposed. Place this on the skin over the seat of the rupture; then take your yarn, adjust it around the body so that the end of the loop is directly over the pad, draw the opposite ends of the yarn through the loop quite tightly, then separate the two strands, and, bringing one down either side of the thigh, cross under the thigh and bring up around the body again, tying directly over the pad in a tight knot. This adds pressure to the pad, and the hernia is kept in place by the pad sticking there. It cannot slip. Replace the bandage whenever it becomes soiled enough to make it necessary. It is unsafe to discontinue this treatment under a year or more.

## VI

### HOME CURES FOR SCURVY

IN the past few years, or since artificial or bottle feeding has become more general, scurvy has become a very common disease among infants, and as it is easy to avoid and as the remedy is within easy reach of every mother, I think it may be safely classed among the simple ailments. This disease is confined almost entirely to infants under a year old, and to the uninitiated or inexperienced it is invariably mistaken first for some spinal trouble, later for rheumatism. The symptoms are first noticed when the child's legs are moved. When the legs are raised the child will cry, hence the supposition that there is something wrong with the back. But as the disease progresses it is noticed that the child cries every time it is moved

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or touched, that there is tenderness about the joints, often accompanied by a slight discoloration of the flesh surrounding them; then the rheumatic theory comes in. Now, as a matter of fact, rheumatism in children under a year and a half is an extremely rare disease. When a bottle-fed infant shows signs of pain when moved, if the joints are very tender, look in the mouth and you will also, in nine cases out of ten, find the gums of a purplish color and swollen. Under these conditions you may be almost positive that the child has scorbutus or, as it is commonly called, infantile scurvy. There are very few cases on record of nursing babies having contracted this disease. It is caused usually by the injudicious preparation of cow's milk or the continued use of prepared foods which have been thoroughly cooked in the process of manufacture, and require only the addition of milk, water, or milk and water, to make them possible as a food ready to serve. By the injudicious preparation of cow's milk is meant constant sterilization or boiling. If the milk is treated in this way for months, and in some instances

even for weeks, scurvy is very apt to be the result.

The treatment of this ailment is most simple and effectual. No medicine is needed, simply a change to a diet which contains a natural food in its raw state. Milk, for instance, unsterilized, is a raw food, but it should be properly diluted. Orange juice or beef juice, from one-half to two ounces twice a day, is usually quite necessary to effect a cure, although in some mild cases change of food is often sufficient. With this simple treatment the improvement is marvelous and is frequently seen after the first twenty-four hours, but a complete recovery usually takes from one to three weeks.

I would caution the young mother, whenever the child shows the slightest tenderness and disinclination to move, to carefully observe the symptoms described, and to try the remedies suggested before giving nauseating doses which may disarrange the stomach or even resorting to other methods of treatment. This advice is not given with any intention of fore-stalling the doctor. It is intended for the

the baby in his crib, give him his bottle, and nine times out of ten he cannot resist the soothing influence of bath and bottle combined, and will be in the quiet land of Nod before either he or the mother realizes it.

The warm sponge-bath is even more effectual in sickness, especially when there is fever. Children suffering from any disease where the temperature is high enough to cause restlessness, whether the disease is of the brain, lungs, or intestines, if there is not actual and intense pain, no matter how restless, will invariably quiet down and be much relieved if this bath be given. There is absolutely no danger from a bath of this kind, as it is given at the normal temperature of the body. If the temperature of the child is subnormal, it warms and soothes the child; if the temperature is very high, it invariably lowers it without shock to the child, making the patient more comfortable in every way. A restless child at night can be quieted and put to sleep by this tepid bath; it will hardly take ten minutes to give it, and the tired mother can then have an uninterrupted night's rest.

The second summer has always been considered a more or less critical period of an infant's life. With a moderate amount of observation and care on the part of the mother, there is no reason why this period should be the cause of any more anxiety than the first summer, for after the first year is past most of the difficulties of the early feeding period are or ought to be over. The most serious difficulty to be encountered in the second summer is the danger of overfeeding in combination with teething, and if this serious mistake is avoided there is no reason why the child should not go through this portion of his life unscathed. The largest and most troublesome teeth are about to push their way through the gums; this naturally causes some disturbance to the baby's sensitive system. There is in many cases slight fever off and on for a few days, and in view of these facts the child's digestion should be carefully watched; the diet should be modified. In the first place, when there is fever, no matter from what cause, reduce the quantity of food. If solid food has been given, it should be

discontinued for at least twenty-four hours. The pain and discomfort of cutting teeth, especially during the heated term, are enough to cause fever, which will often run up to one hundred and three degrees and over. This naturally causes fretfulness on the part of the child, also considerable thirst. The child will eagerly put out its hands for liquids of any kind, and the mother naturally mistakes this for hunger, and instead of reducing the food, more is given, especially an extra bottle or drink of milk at night. Again, the little tooth will lie under the skin of the gum for days, struggling to get through, without any effort being made to assist nature. Watch the gums carefully, and when the new tooth can be seen or distinctly felt beneath the skin, take a clean piece of gauze or the end of a perfectly clean towel and rub the gums, with the finger-nails protected with the gauze or towel, until the gums bleed; the bleeding will greatly relieve the congestion of those parts if nothing more, but usually is the means of letting the little tooth through, greatly to the relief of the child, and causing reduction of the fever.

By the time the last teeth are about to make their appearance the gums have become much toughened by constant biting, and naturally the teeth do not come through quite as easy as the earlier ones. Consequently, if the symptoms are carefully watched, the gums relieved, or nature assisted when necessary, if the food is reduced when there is fever or even discomfort, the cause for alarm during the second summer is reduced to a minimum. As regards the reduction of the food, I would offer the following suggestions: If the diet is milk, reduce the quality by diluting with boiled water or a dextrinized gruel; the quantity need not be changed. Or, if there is vomiting or diarrhea, give only a dextrinized gruel or clear broth without fat for twenty-four hours or more. If the child is having solid food even in small quantities, stop it for a short time until the fever goes and digestion is normal, then commence gradually to increase the food to its regular strength. Do not be alarmed at any loss of weight at this time; it is but natural, and the child will make it up later.



## VII

### TRAINING THE BABY TO SLEEP

THE general training of children, stubborn or otherwise, is a subject that has been widely discoursed upon by educators and others. Much valuable information has been put forth on the subject, especially about children from three or four years old up to the time when childhood begins to become a thing of the past. Many years of work and personal contact with children under this age have been to me most interesting and instructive in developing facts regarding the urgent necessity for careful training from earliest infancy. This is a time when the character is moist clay in the potter's hands to do with what he will. In looking back over the hundreds of children whom I have had no small share in caring for, each little

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one seems to have had its own individual personality with its own peculiar virtues or failings. No two were alike, while at the same time there was a strange similarity in the unconscious response each one made to any influence brought to bear upon its weak or strong points, as the case might be.

One would hardly expect to find marked traits of character in a very young infant; nevertheless they are there, and show themselves very strongly, often when the infant is not more than twenty-four hours old. This, then, is the time to commence your training. Begin the molding process right now. It is for you to make the child what you will, and if begun now the task will not be a difficult one. I have often seen the most stubborn and even vicious children in a marvelously short time succumb completely to good influence, becoming sunny-tempered, obedient, and lovable.

Infants are helpless, consequently they require our care, and it is a matter of duty that this should be our intelligent best. Do not depend on guessing in this impor-

tant matter; it is not safe. Children require love, sympathy, companionship, and amusement just as much as the adult, probably more; but remember that a surfeit of good things has the same effect upon the young as it does upon an older person. It seems rather ridiculous, does it not, to think of a child, and a very young one at that, becoming blasé-tired of the good things offered? But it is true. We do not have to look very far to see children, even infants, turn away their heads with a shriek of disapprobation when well-meant but constant demonstrations of affection are thrust upon them. This open rebellion goes to show how distasteful it is to the child. Occasionally children of not over-robust constitutions become so wearied and weak with handling, hugging, and kissing that, like a sensitive plant, they wilt, and with pathetic patience submit to the inevitable because they are too weak to resist.

A selfish, nervous, unhappy child is invariably the result of over-indulgence on the part of the parent, and not infrequently the parent reaps a bitter reward in ut-

terly failing to hold the respect, love, and obedience which are due the parent from the child. Children who are over-indulged lack self-control, and self-control taught at a very early age soon ceases to be self-control. It becomes a habit of trust in the mother, confidence in her discretion, love, and judgment. If this early training is delayed, almost before the mother realizes it she finds a wilful and stubborn child; then if she tries to correct the faults she has nourished she will realize that the remodeling process is a far more difficult task than the molding would have been in the beginning. If you commence to humor the child early in life by walking, rocking, or some other form of entertainment, he will have a right to expect to be humored in other things, and he usually is humored until he becomes the autocrat who holds sway over every one with whom he comes in contact.

Some time ago a young father came to me in genuine distress, looking completely worn out. His six-weeks-old baby had not slept a single night since it was born, and so cross and irritable was the child

that one week was the average stay of any nurse. In the six weeks five had already succumbed to the nervous strain of caring for this one small infant. The history obtained from the father was that for the first few days after his birth the infant was scarcely out of the nurse's arms; he was rocked, walked with, and dandled on the nurse's lap with the idea of keeping him quiet, as the mother was very ill, and it was thought she might possibly be made worse by hearing the infant cry. A week or two later, when the mother was a little stronger, and the nurse felt that it was no longer necessary to humor the baby, his majesty was not willing to do without one of these attentions—even for a moment. He demanded that all previous ones be continued and that a little more be added. He had already discovered that by crying he was sure to come out ahead in the struggle, and he used his powers to the full extent.

The result was that this six-weeks-old infant ruled with a rod of iron an entire household of several adults, who took turns walking the floor with him the greater part

of the twenty-four hours. After considerable persuasion the little autocrat did consent, under protest, to lie on a large bed part of the night, provided somebody sat beside him and continually joggled the wire mattress up and down; his crib he positively refused to lie in. The father and nurse took turns in joggling, and under these conditions he kindly consented to sleep at short intervals, but always with one eye open. If the joggling attentions ceased for one-half minute in order that the juggler might catch forty winks a sharp yell immediately reminded him of his duties, hence the frequent change of nurses and the worn, pathetic look of the young father.

It took considerable argument to convince the father that the child was not suffering from some terrible internal malady, and later, when it was advised that the much-indulged and spoiled child be put into his crib at night, the lights turned down, and the infant then left to go to sleep alone and without any further attentions, the suggestion was greeted with horror. In the course of conversation and argu-

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ment the fond parent's vanity was somewhat hurt when it was hinted that the head of the house had abdicated his authority to the will of a six-weeks-old autocrat, and meekly acquiesced whenever the son commanded. However, he decided to carry out the suggestion that had been offered. The nervous wife accepted an invitation to spend a few days with her mother, and that night father and son had it out together. This is what happened: son strenuously rebelled for one hour and a half, then gave up the fight, never to renew it. Why? Because the father was made painfully conscious during this hour-and-a-half struggle that his part of the discipline was by far the hardest to bear, and he made a solemn vow to be the officer in command from that time forth.

In the matter of amusements, for the first six months, at least, the infant does not require much attention. Up to the third month he will find enough to amuse himself, first in getting acquainted with his surroundings, then with the objects in his room, next his fingers and toes. Later

let him have a simple toy, but do not crowd toys upon him; the appreciation and pleasure is not as great when there is a surfeit. There is no doubt that it gives the adult a great deal of pleasure to shower gifts and amusements upon children of all ages, but is not the motive more or less selfish on our part? In the pleasure it gives us do we not overlook the harm we may be doing? In fact, we are sometimes hurt by the child's lack of enthusiasm over our gifts. I know of two children whose doting parents and relatives surfeit them with expensive toys of every variety, until now they have ceased to express any pleasure whatever at a gift; each new toy given them is critically looked over, then in a bored manner cast aside and usually never touched again. When asked what they wanted for Christmas they replied: "Nothing; we must have everything there is now." But these same children at a small entertainment where there was a grab-bag which contained only the simplest kind of toys, probably not one costing over five cents, went into ecstasies of delight over a few common wooden toys drawn from the bag;

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these were taken home and played with for months.

That familiarity breeds contempt is true, and most forcibly is it shown in the relations of many children to their parents. What child can respect the parent whom in most things he rules? The only love he bears for such a parent is a selfish one, because the parent is the medium through which he accomplishes his desires and ends. Parents (while the child is very young) cannot begin to realize the irremediable wrong they are inflicting upon their children when they cater to every whim and gratify every wish. Examples of children thus spoiled are unhappily only too much in evidence wherever one goes, and the pitiful part of it is that in a very few years, when they are older and stronger, they become more and more unmanageable.

Then comes the long and bitter struggle for mastery between parent and child. If the parent fails, which is most often the case, the poor victim of misdirected affection is usually turned over to tutor or governess, and this person, whether good, bad, or indifferent, or whether possessing

any fitness for the task or not, is expected to remodel the clay which by this time is pretty well set. This failing, there are numerous boarding-schools, many of which advertise as making a specialty of training incorrigible children. It is a great reflection on the influence of the modern parent that so many children of tender years are sheltered in these schools, and at an age when children need a parent's love and guidance as well as the influence and comfort which only a good home can give. On the other hand, it may be said to the credit of these schools that their influence has been the redemption of many badly spoiled children.

The summer hotel and boarding-house are also places where children of this type abound—rude, undisciplined, and ill-bred. It is no small wonder that so many hotels refuse to take children.

Between parent and child there should be a close bond of friendship. Where this exists love, respect, and obedience follow in the natural course of events. These qualities are not made to order or on demand, but spring to life and grow only

when properly nurtured, which is not by over-indulgence, nor by paying another to assume your responsibility.

As the training of most children devolves chiefly upon the mother, it rests in a great measure with her whether her children are to be a tiresome burden or a great pleasure. The whole secret of success in managing a child is to start early and right. It requires some little nerve and self-sacrifice, but only for a very little while; then the Rubicon is crossed and the way is smoothed, and as the child grows the task becomes more and more easy.

While firmness and decision are most necessary to this training, do not for a moment forget that love, sympathy, and gentleness must go with it; but not with such lavishness as to prove a drawback. To be too constantly in each other's society is not good for either mother or child. Under these circumstances, from constant association the child will impose upon the mother; it becomes exacting and peevish, while the mother, from never being free from care night or day, cannot help being more or less impatient and unjust at times.

The mother who makes it a rule to devote a certain portion or portions of each day to her children, who plays, laughs, talks with them, seldom fails to secure their love and respect. She should make them feel that this time is her gift to them; it belongs to them, and nothing should interfere to take her away at this hour. The children soon learn not to expect attention at any other time, and look forward to these hours when the mother is with them as the most precious in the twenty-four, as they should be. The mother, too, has leisure then, and can properly attend to household and other duties as well as indulge in a necessary amount of pleasure. Every one needs a certain amount of recreation; by managing in this way, and not giving up her whole time to the children, both parent and child derive much benefit. There is for the child the advantage that the mother comes to him fresh and young for a romp and play; she is not worried, nervous, nor prematurely old from the constant care and worry of fretful children. Their noise does not annoy her; it is not a con-

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tinual "stop," "no," and "don't" on her part, which is not infrequently the case where mother and child are thrown so continually together as to tire each other.

## VIII

### **“MANAGING” THE CHILD**

THE whole art—for it is an art—of managing children depends very largely on the early control of the child. This determines the frequency of the necessity for punishing the child when he is older. For your early pains you will have your reward; not in a perfect child, as perfection does not exist in this world, but you will have the love, respect, and confidence of your child, and there will be less disposition to wilfulness and wrong-doing than exists in children who are left by their parents to follow their own inclinations and bring themselves up, as it were. It is also essential to bear in mind that after the wrong has been done, punishment inflicted, and repentance expressed, it is well to let the whole affair drop right there.

Forget it; never humiliate the child or hurt his feelings by alluding to the unpleasantness again. It is of no assistance in the training, nor does it make the child's disposition better in any way to continually remind him of errors of the past. Neither should a punishment ever be mentioned to others in the child's presence; to do so is a mean advantage to take of the child, who has usually suffered enough humiliation and shame. It is often trying, even harmful, to have one's feelings ruffled and trampled upon and private affairs openly discussed with family, neighbor, or friend.

It is this sort of thing that strikes down deep in the heart of a sensitive little child and crushes the true spirit out of him. Most children are acutely sensitive as well as keen, and yet, knowing this, how many mothers do we find ruthlessly exposing their inmost feelings, mothers who, when a little child in shame or because it is shy hides its little head, seem to think this act of self-defense a cunning trick to be exhibited on occasions without regard to the child's feelings. I have known children only several months old to show decided

signs of embarrassment under similar conditions, which goes to show how much more delicate and refined were their perceptions than those of the mothers who placed them on exhibition without regard for their sensitive feelings.

The influence of early training is strongly felt in the sick-room, and it is not an exaggeration to say that in case of sickness an infant or child who has had the advantage of being well trained stands a far better chance for recovery than a child who has been neglected in this respect. The well-trained child in a measure lacks nerves; at any rate, he has not any dread or fear of unpleasant things happening. He has faith and confidence in those who care for him. Character and self-control unconsciously become strong points, and the consequences are that when ill he naturally, without resistance or fear, receives all efforts made to relieve his discomfort. This calm acceptance of the inevitable is an immense saving of energy, and enables the child better to withstand any inroads made by a simple illness or serious disease. The chances for recovery

in these cases are far greater than those of a nervous, fretful, spoiled child who is always anticipating unpleasant things, who is utterly lacking in self-control at such times, and who cries, fusses, and resists all attempts to make him comfortable or relieve his sufferings.

These children are by far the most discouraging and unsatisfactory patients that a doctor treats or a nurse cares for. All efforts on their part are met with poor response; recovery is always retarded and sometimes made impossible when they are forced to labor under such conditions.

One of the many cases of this kind that have come to my notice was that of a mother whose love and devotion for her first baby were so great that she forgot even to consider whether her spoiling was for the child's good or not. This little baby, who was perfectly healthy at birth, by the time he reached the age of eight or nine months was a very frail little bit of humanity, all through the mother's exaggerated love and the extreme overdoing of every attention which was necessary for his well-being. The mother had been re-

monstrated with several times, but where the baby was concerned she was absolutely deaf to reason. He was her child; she alone was responsible; if she chose to spoil him while a little baby she would and was perfectly willing to assume all responsibility and suffer the consequences later. She felt confident there could be "no serious consequences," for surely such love as hers could not fail to bring forth a spontaneous response from the child. From the young mother's point of view there could be no question as to her being right in this matter; she never once considered that she had given the baby no choice whatever, or at least that he could not plead his own case, in this one-sided contest. As the weeks became months, and in spite of all theories, the baby did not thrive, doctor after doctor was consulted, but the existing conditions made their efforts all but valueless. At the end of six or seven months the "spontaneous response" that was looked for was not forthcoming, and the child's physical condition was slowly but surely growing worse and worse. The mother, too, was now be-

ginning to suffer the consequences which she had so confidently courted earlier, in the form of a complete nervous breakdown, and the physician peremptorily ordered that the mother and child be separated for several months. The child was placed in the care of a good and sensible nurse, and was not long in responding to normal care and treatment.

Children should be spared all nervous strain. It is remarkable how easily children are affected by the moods of the people with whom they come in contact. If a nurse is gloomy or morose this seldom fails to show its effects upon the child's disposition. Change the nurse for a bright and cheerful person and see what a marked change it will make in the little one's happiness. I have seen very young infants stop feeding, refuse to take the breast again, and a distinctly worried look come over their little faces because some worry or trouble has caused the mother to cry while she was nursing the child. Do not make the mistake of thinking that even a very young child does not understand and is not affected when you give way to your

feelings, when you discuss troubles, worries, family cares, or settle unpleasant differences, or quarrel while they are in your presence. Children are remarkably susceptible to unpleasant conditions, and are much keener of comprehension than they are ordinarily given credit for being. Scenes or demonstrations of sorrow and trouble should be carefully guarded against when they are near, for the nervous strain consequent upon such is much greater than their little strength should be called upon to bear. We cannot comprehend the workings of their minds nor know what pangs they quietly endure, but the effects will often be manifest in restless nights, loss of appetite, and fretfulness.

It is also well to give a little child credit for a moderate amount of common sense. They really have quite a good deal, considering their inexperience and the short time they have been in this world. It is greatly for their good and that of the mother, too, to allow the children to do a little thinking of their own, and occasionally to abide by their judgment in certain matters. We really have no right to arbi-

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trarily insist on doing all their thinking for them, without considering that the child has any judgment or right in the matter. These little men and women have preferences, likes, and dislikes much the same as adults. No one wants to have his wishes entirely ignored; neither does one like to be made to do things which are distasteful, without apparent reason.

For instance, one of the dearest children I have ever had anything to do with was subjected to almost inhuman treatment, and by a mother who was unusually devoted and full of maternal love. She made the very grievous mistake of forcing the result of her own conclusions upon the child without first carefully studying the child's temperament and intelligence regarding her own personal and physical requirements. The little girl, while apparently in perfect health, was unusually dainty and refined in all her tastes and habits, and her appetite was in keeping with these traits; but because she did not eat as much food as a husky boy the mother imagined the child was starving,

notwithstanding she thrived as well as the average child of her age.

In her quiet way she was a perfectly happy and contented child. Most mothers would have been satisfied with this state of affairs, but this one was not. She was foolish enough to imagine that stuffing the child at meal-times would bring about more satisfactory progress, so the quantity of food at each meal-time was largely increased, and every effort was made to coax or force the child to eat it. Naturally, one so dainty rebelled at such vulgar portions, much of which was entirely unsuitable for the stomach of a child not yet twenty months old. The appetite failed. Then the times of giving food were made more frequent, and food was offered between meals, at all hours of the day and night. The mother became nearly frantic, but the more she persevered and urged food upon the child the more the child resisted. When danger of starvation arose the food was put into the stomach by means of a feeding-tube; this performance required the services of three adults, two to hold the child and one to insert the tube. Matters

now began to assume a serious aspect, for the appearance of any one with a cup or spoon excited the child to the verge of convulsions.

Several doctors were called in to try and untangle this serious state of affairs. One doctor, braving all possible displeasure that the family might display, promptly made the unique diagnosis of "Too much mother," and prescribed a rational course of treatment which consisted of three simple meals a day. If the child refused one or two, or even three, of these meals she was to be allowed to go without them. Nothing was to be given between meals; she was not to be coaxed or even noticed at such times. As she was fairly able to help herself, the child was placed at a low table and the food placed on it; then she was left alone. No one was allowed to stay in the room. Of course, the mother at first objected to this treatment, as she was sure the child would rather starve than eat, and that some coaxing was absolutely necessary; however, she finally consented to allow a trial to be made, and, much to her surprise, on peeping into the

room fifteen minutes after the food had been left with the child she found that it had entirely disappeared. The child was then, by the doctor's orders, placed in the care of one person; she kept very quiet, and all amusement was banished in order that she might have a complete rest to help overcome the great nervous strain the poor little thing had undergone during this struggle. She was left alone to do as she pleased with her food, to eat as little or as much as she chose. It was not long before nature asserted itself, reaction set in, and the rapidly vanishing pounds were regained.

There is little doubt that during this struggle there was a large element of stubbornness on the part of the child, probably slight at first at being disturbed in the peaceful tenor of her meals, and increasing in force as she met an equally stubborn resistance on the part of the mother. This struggle kept on until it reached a point beyond the child's control. At this point no amount of reasoning, coaxing, or even force would cause her to give in, and the only hope of con-

trolling the child and probably of saving her life was the method which was advised by the doctor.

Now this whole proceeding from beginning to end was unnecessary. Young as the child was, she was old enough to know her limitations in this matter, and she should have been left alone. If in her immature way she had fretted, cried, or shown any discontent with her lot, then there would have been some reason for the mother to interfere, and with her mature experience endeavor to right matters for the child. As it was, her interference with a perfectly contented little human being was unjustifiable.

How many times, I wonder, does the average mother prevaricate to her child in the course of a day? If she kept a careful watch on herself I think she would be surprised, if not ashamed, at the number of fibs, untruths, or lies (no matter by what name you may call them, they are all the same) that have slipped from her tongue, most of them perhaps unconsciously. As a result of this deplorable habit we find a great many children whose

confidence in their parents' word is decidedly shaky. While they have no faith in promises made, there is at the same time a kind of nervous expectancy and wild hope that by some chance they may be kept. Truthfulness in children is not an overstrong habit, chiefly due to the example set by their elders. There is nothing to be gained, and a great deal to be lost, in deceiving a little child. It is very unnecessary. If you would have your children perfectly honest, straightforward, and truthful with you, be the same with them.

## IX

### HEREDITY AND ENVIRONMENT

THERE are few things more conducive to disobedience and stubbornness in children than the constant use of the words "no" and "don't." The mother should hesitate more than once before saying them. Listen patiently to a little one's request before saying "no," no matter how trivial it may seem to you. It may mean much to him. If the request is reasonable, even though it may cause you some little inconvenience, try to grant it. If, however, saying "yes" to the child is going to cause a great deal of discomfort to some one else, if it is not for the child's good, or if after deliberation what is asked seems wrong in your judgment, give the child a short but intelligent reason for a denial, then let no amount of teasing

change your decision. It is not necessary to be stern in this matter, but firm, and the child will soon learn to accept your judgment without fretting, satisfied in the feeling that you know best. Always think twice before saying "no," but once said, stick to it; do not retreat.

The word "don't" is another bugbear word to children. It is a small word and slips out so easily that often it is used twenty times where it should be used but once; the consequence being that two-thirds of the time when this word is used the child knows it is not more than half meant. As a consequence the command is not heeded by the child, and small acts of disobedience constantly result which are overlooked by the mother. There will surely come a time when some act of flagrant disobedience takes place which cannot well be disregarded, and the punishment which follows is almost always looked upon by the child as unfair. And he is right. It is the fault of the parent, who has overlooked small discrepancies and allowed the child to work up to this unpleasant climax. If the child dares, he rebels

openly at his punishment; if not, he broods over it in silence. Either way, one may be assured that there is considerable bitter feeling on one side or the other, which is not conducive to friendly relations.

The habit of threatening is another bad element in the training of children; unless threats are meant, the mother has nothing to gain in using them, and she loses much of the respect of her child. In a remarkably short time he learns that the mother's threats are mere words, that they mean nothing; so he continues to do exactly as he pleases in spite of them, while the mother sighs and wonders why her child is so disobedient.

I heard recently of a mother who told her little girl to change her shoes before going to drive. The child fretted and whined, and, while she did not positively refuse, neither did she make any effort toward obeying the mother's request. After ten or fifteen minutes of unpleasant skirmishing between mother and child came the threat, "Very well, then; you shall not go to drive with me unless your shoes are changed." At this the little girl made a

sudden run for the hall, then, slowly edging her way sidewise down the stairs, kept calling back: "I'm going to get in the carriage. I'm going to get in the carriage." She kept this up until she reached the door, then darted out and did get into the carriage. The mother meanwhile was helplessly exclaiming: "What is there to be done with such a disobedient child? I know I ought to bring her right back and insist upon her minding me, and really she should have a good spanking; but if I attempt to bring her back she will scream and kick, so I suppose I must give in rather than have a scene." When the mother went out this prematurely wise little girl greeted her with the sweetest smile and these words: "You did not mean a word of what you said, did you, mother? I knew it." And with a knowing twinkle in her eye she added, "If you really want me to, I'll change my shoes next time."

The mother, who but a moment ago was distressed and mortified at the disobedience of her little girl, now laughed and thought her remarkably clever, and so she

was. All the greater is the pity that a child naturally so bright and really lovable should not have her rare talents developed by judicious management.

Many mothers, by the circumstances of their lives, are obliged to be constantly with their children. A mother who has no one to relieve her in the care of her baby or family of little ones naturally has to be with them a large portion of the time, and there is no doubt that at times her cares press very heavily. By this constant care and association her children should be trained to be such a comfort and joy that any trouble they may cause seems worth while.

In the first place, establish a system which will help you much in the care of your baby and little ones. Have a regular time for rising, bath, meals, airing, bed-time, etc. There is no reason, if the child wakes up at four o'clock in the morning and wants amusement, that the tired mother should give up those early hours of sleep, which are the sweetest and oft-times the most beneficial to her, just because the children want her to. The

younger the baby the easier it is to teach him to sleep at the proper time; children of two, three, four years and older have most active brains, and if they awake early do not go to sleep again as easily as a baby. They want a frolic or they cry lustily for attention and amusement; they want to get up; they want a drink; they want a cracker or something to eat, or they want to crawl into mother's bed to cuddle, play, tease, or fret. If the mother allows this sort of thing she establishes a bad precedent; the children soon learn to impose upon her. This creates a certain selfish lack of consideration, which increases as the child grows older. One demand after another is made during the day, most of them useless. They do not help or benefit the child in the slightest degree, nor give him any real pleasure, while they sap the strength, health, and patience of the young mother, especially when her daily cares commence several hours earlier in the morning than they normally should.

This is altogether wrong; the mother should not allow herself to become a slave to her young children. If the unnecessary

desires of the children are not gratified, they grow up to expect only that which is beneficial, and they are far better satisfied with what is given them, and much happier. They naturally learn to respect their mother's need of rest in these early hours of the day, and know that they are not to make demands other than those of absolute necessity. If properly trained, they will be perfectly contented to lie quietly in bed or go to sleep again.

With a family of several children, teach them at an early age to be useful in helping themselves and others. Children of four and five can be taught to dress themselves quite neatly, and even a younger child can be taught to put on most of his garments with little assistance; while the mother is bathing the baby the other children, even though not more than two or three years old, can be very useful in handing her things. Be careful never to make little duties tedious or obligatory tasks to the child—rather a privilege; for if forced these little duties become hard work, and the child will look upon them as drudgery. Children can be taught to dress themselves

at an early age. First teach the child to put on one single garment, then another, and by encouragement and judicious praise you will stimulate his ambition, so that in a short time he will be able to dress himself neatly and be proud of his accomplishments. Then teach him to help a younger brother or sister. In teaching a child to help himself at an early age you teach him not only to use his hands dexterously, but to be skilful in many ways.

There will come a time occasionally when the child will dally and fret over dressing himself, perhaps even rebel. When this occurs do not give in and perform the task for him; if possible, avert these little spells of revolt on the part of the child, draw his attention to something else, preferably to some portion of the clothing which is giving him so much unhappiness. If a stubborn button is causing trouble, with a pencil mark on it two eyes, a nose, and mouth with the corners turning upward, and see how hard he will work to get the laughing button through the hole; or invent some little game by which getting into the clothes quickly is part of the

game. There are dozens of ways which any mother with an inventive mind can bring into play to divert the child.

I do not advise the offering of rewards for the performance of these childish duties; I would rather surprise the child occasionally with a treat of some kind, something, if possible, for which he has expressed a desire, letting him know at this time that you appreciate his little endeavors. I have known children whom a good hug and a kiss and a few words of well-earned praise from the mother would please as much as a handsome gift. Their appreciation was shown by the cheerful and happy manner with which they renewed their efforts to be helpful and to please. Continual flattery or hiring children to do the things you wish them to do may bring about some results, but it is not the best method to pursue. The response on the part of the child is not made of its own free will. Flattery breeds self-love, conceit, and self-consciousness; hiring a child to perform a duty encourages selfishness and meanness. In either case the child is not helped.

In striving to teach a child to be helpful always remember that his powers of endurance are not overstrong, and, as I remarked before, do not tax his patience or strength too far. Never let these little duties which are now being cheerfully performed become a burden; do not deprive them of a much-desired pleasure in order that they may perform some slight task. Either let it be omitted for once or arrange for its performance at a time when it will not interfere with pleasure. Never allow an older child to become the caretaker of little brothers and sisters; it is one of the meanest impositions which can be thrust upon a child, and absolutely unfair. It is really a form of slavery, and it is tolerated by the child only because he is powerless to help himself. In families where the mother has most of the family burdens to bear I think the older children can be made useful as the mother's helpers. But this usefulness should never be carried to the point of drudgery nor urged when it causes the child to be robbed of the time which justly belongs to him for leisure and recreation.

Any mother overburdened with family duties or domestic cares can lighten her burdens very materially and take untold comfort with her family of little ones if she guides them judiciously and lets each one have, more as a privilege than a duty, his or her little share of each day's work. It would probably enable the mother to find among her own busy hours one that she can give entirely to her children as part of their share of the busy day. It will be an hour of pleasure and recreation to her, too.

I believe that training or guiding of the right sort is as important as heredity and environment in influencing the characters of children. While these two subjects have been widely discussed and argued, and the former is most generally supposed to be the stronger influence of the two, I would not depend too much on either when not influenced by early training. That strong family characteristics or traits are shown through generations or at times crop out most unexpectedly in remote branches of a family cannot be denied.

Environment, too, is a strong factor in

molding character. And yet I know of many children who have had the advantage of an unquestionably good family history, whose environment was most refined and cultivated, which combination of conditions ought to be perfect, who yet, through petting and humoring, were spoiled. Both heredity and environment have come to naught as far as the formation of character is concerned. These children have in many instances been quite unmanageable, and frequently have shown traits of viciousness totally unexpected in the offspring of so-called blue blood. On the other hand, I have known children of humble origin, when transplanted to a higher plane of living, to respond to new conditions in a remarkably short time; but if such children, after being humored and spoiled, developed numerous failings and shortcomings these would undoubtedly be laid at the door of heredity, which probably played a very small part in the matter. If a number of very young children were taken from different stations in life, with a hereditary history good, bad, or indifferent, and each were given equal ad-

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vantages as to training, surroundings, education, etc., I believe that one class would respond as quickly and as well as the other. If they were all equally subjected to influences more or less demoralizing I think they would either withstand or succumb to the influence in an equal degree.

# X

## THE QUESTION OF PUNISHMENT

A FEW years ago a child was placed in the Babies' Hospital whose family history could not have been much worse than it was. The parents, Russians of a low type, had lived a tramp life and had wandered over almost every country of the globe; they earned their living by the most convenient methods, without regard to ethical principles. The father died in Brazil, where this child was born. He was about a year and a half old when placed under our care, and as far as looks and actions were concerned was a decidedly unpromising subject; in fact, several strangers who saw the boy remarked that they had never before seen "criminal" so plainly marked on a face as on this little boy's. His physical ailments were due partly to exposure and partly to neglect; surely, as

far as heredity was concerned it seemed as though the child were doomed. He was actually vicious. He slapped, pinched, scratched the other children without provocation. At meal-time, after satisfying his own hunger, he would grab the food from the others, or with one or two sweeps of his small arms shove the food from the low table to the floor, and then would either step on it or, lying flat on his stomach, gather it under him in order to deprive the others. He was only a toddler, just managing to get about the room, still all the other children stood in mortal terror of him, and he had to be watched very carefully, for, young as he was, he was capable of doing much real harm. A more depraved and unattractive child one could not well imagine.

A few days' experience with this miniature cyclone turned loose in our nursery made it seem justifiable to send him away, but, alas! when an attempt was made to find the mother she had vanished without a trace; so perforce we decided to try to overcome the moral as well as the physical ills of this child as best we could. A

careful eye was kept on him to keep him from doing harm, and whenever he started out on his little journeys of lawlessness and mischief he was not forcibly restrained, but his attention was diverted in some pleasant way from his wrong intentions. The attendants were not allowed, by word, look, or action, ever to be hasty or unkind; coercion in any form or under any circumstances was to be avoided.

In a surprisingly short time this child began to yield to the influence which surrounded him; one by one his little vicious tricks or habits were forgotten, and an occasional smile—a sweet one it was, too—began to reward our efforts instead of the snarls and frowns which had hitherto greeted us. Absolute cleanliness and regular habits were instituted as a part of the cure. Every morning at a regular hour his bath was given, then he was attired in the cleanest of clothes. The finest and most attractive was laid out for him; consequently cleanliness before long became an established habit. A spot of dirt on hands or frock was a matter of discomfort until removed.

For nearly five years it was my good fortune to be able to keep this boy with me, and a more attractive, happy, and lovable child it would be hard to find anywhere. He was absolutely obedient; in fact, it never seemed to occur to him to be otherwise. He was neat and orderly in all his habits; no little detail of his toilet was ever forgotten by him. In the course of time our little charge not only grew to be the oldest inhabitant, but the oldest in point of age, and as new little ones came and went his attitude toward them was lovely. He looked well after the needs of the tiny ones and took great pains to initiate the older ones into orderly and careful habits. He shared with them, without a thought of selfishness, toys, books, or dainties. Surely heredity did not endow this child with all his good qualities; they were cultivated at an early age, and so deeply rooted were these good habits that they are likely to remain with him through life.

Too much attention is paid to faults of children, both young and old, especially minor faults. I do not mean to imply

that small faults should be entirely overlooked or allowed to persist, but to be continually alluding to faults, to keep them constantly before the children, makes them more and more familiar with their own shortcomings. Their offenses grow to seem less grave with familiarity, and the impulse to indulge in them becomes correspondingly stronger. While the child is very young and you see these small faults cropping out one by one, try to prevent their becoming fixtures by diverting the mind from any inclination to indulge in them.

Not infrequently the faults most glaring in the children are those transmitted by heredity through the parents; in order to overcome this tendency the parents should look to themselves for the cure. Many undesirable traits which the parents themselves possess but which they do not care to have their children develop should be most carefully guarded against in the presence of the children, as there is no doubt that the hereditary tendency is fostered by example. It is not so strong, however, but that under proper treatment and con-

ditions its influence can be made very much weaker if not entirely eradicated. It is strange how small the faults of adults seem to themselves, but how disagreeable they find these same traits in a child.

Sometimes children acquire undesirable traits or habits from companions. The habit of imitation is not only strong in children, but is a very strong element in all human nature. If the child's companions are particularly disagreeable or harmful, it is well to keep them apart, but under ordinary circumstances the best policy to pursue is to point out to the child that this or that particular fault which he is acquiring is unpleasant, or, if necessary, enter into mild argument with the child. I have found most children amenable to reason if it is put in a clear, simple, logical manner to them. While one would not advocate associates of a questionable character for a child, still it is not altogether a bad thing for a child to encounter some of the faults or peculiarities of other children. If there is a temptation to acquire undesirable qualities, the reasoning of an older and wiser head usually has its effect; this

teaches the child to think out little problems for himself and to reason intelligently. It also cultivates in the child powers of discrimination. It is well to have these little gifts take root early; they strengthen with time and help the child later to resist many of the temptations he is sure to meet.

Recently a mother wrote and asked me how to govern an incorrigible boy of twelve years. She said whipping did no good; she had tried it again and again. The only effect it had was to make the boy more sullen and wilful. From what the mother wrote there was no doubt that the boy was bad and exceedingly difficult to manage. Notwithstanding this, somehow one's sympathies could not but be with the child. Think of the humility it must have caused a boy of twelve to be whipped by his mother, and from the resistance the boy showed the affair could hardly have been dignified by the name of whipping. The whole principle was wrong from beginning to end; this mother had probably from the child's infancy resorted to spanking as the only method of enforcing obedi-

ence or as a means of punishing misdemeanors, and as the child grew older these harsh, not to say brutal, methods began to show their effects in the boy's nature. Real affection for the mother, who ruled by force rather than kindness, had probably by degrees grown less and less until there was no bond of sympathy between them. How could there be under these conditions? The boy had become lax if not entirely lacking in the respect which a child should have for his parent.

Of course there are exceptions to every rule, or at least tradition says so. I know there are some mothers who declare that their children "just ache for a spanking once in so often." They say that the children really seem to take a righteous delight in meriting it, and after the administration of such are transformed into little models of perfection. They remain in this highly beatific state for a certain length of time; then down they come with a tumble to grovel in naughtiness until they have well earned another spanking.

The mother of one of these irrepressibly active young cherubs, while morally con-

vinced that an occasional spanking was the one thing her mischievous young offspring craved, in fact almost begged for, had misgivings as to the wisdom of this method, and after some deliberation decided to employ other means to correct her child. So when innocent fun changed its aspect and became unmistakable naughtiness, little "Mr. Man" was marched to a corner of the room and was left to weep, reason, and repent over his misdeeds. This new manner of punishment went well for a while, and the mother was delighted with the change; in fact, she found it so simple and easy a remedy for all shortcomings on the part of the child that he was really called to task and punished far more often than was actually necessary.

But these children whose mothers think they actually enjoy spanking are usually inclined to be rather bright, and this boy was no exception. These moments of meditation spent in the corner were not lost time with him by any means, as will be shown. It soon came to pass that the child did not wait for his mother to inflict punishment for wrong-doing, but whenever

he perpetrated some mischief which he felt his mother would not approve he would straightway march into his little corner and loudly bawl. While the crying attracted the mother at once, it did not always at once disclose the cause of the self-inflicted punishment. Sometimes the mischief was quickly found, but more often considerable time was lost in seeking its cause, and it was to the child's interest. It was one of these longer than usual voyages of discovery which made the youngster forget his part in the game and brought him to grief. As all signs of audible grief had ceased, the mother turned quickly to find the little face out of its hiding-place and full of interest. There was a decidedly mischievous twinkle of the black eyes; it is needless to remark that the mother decided on the spot to go back to first principles.

Notwithstanding this mother's experience, and the assertions of many others who really love their children, but still declare it is absolutely necessary to resort to occasional spankings to keep them within bounds, I do not believe it necessary at

all. There are many other modes of punishment less harsh and quite as effectual by which a child can be governed. The corner punishment for the little boy answered the purpose very well until the mother found it so easy and convenient a one that he was hustled there on the slightest provocation, and much more often than was necessary. Don't be too hard on the children; remember that there is some of the traditional "old Adam" in most of them, and with this impulse strong in them, with powers of judgment still undeveloped or uncultivated, a child will many times innocently walk right into mischief and wrong-doing without being conscious that he is not doing that which is right. Don't be continually on the lookout for little failings, or make too much of little wrongs which are innocently committed; don't be hasty in inflicting punishment unless you are sure it is well merited. Be very careful also not to misjudge, as nothing hurts with a more lasting hurt than injustice. But when the time comes that the child deliberately and knowingly does wrong do not overlook it.

Punish the child and do it promptly; do not delay until the offense has grown stale in your mind or has been forgotten by the child. If you delay, the child rarely gets what he justly deserves and feels very much grieved at what he does receive.

As to the best means of punishment I should hesitate to advise, except in a general way to strongly disapprove of spanking and whipping. There are as many different methods of punishment as there are children or dispositions. What might prove most effectual with one would utterly fail if tried with another, but with most children a simple punishment, if employed in the right way, is usually the most effectual. The chief point is in assuming a sober and earnest manner. Point out to the child wherein he has erred, make him feel that a wrong act is a serious thing never to be overlooked, and, while the punishment you deem best to inflict may be a very light one, it should be made a very solemn and impressive affair. When a child directly disobeys its parents or does a serious wrong there is no more effectual punishment than for either mother or father to withdraw

for a time all demonstration of affection; do not notice the child; in fact, completely ignore its presence. This kind of punishment will be found more effectual than any other method of correcting. It is a punishment which is not often courted a second time by children; they dread a repetition of such disagreeable feelings. It is, therefore, a punishment that ought not to be resorted to too often. It is only to be used in case of grave offense; small wrongs require milder correction.

## XI

### TEACHING BABY TO WALK

AS a baby goes through the various stages of infantile development, the first tooth, the first word, the first step alone, are in the eyes of fond parents marvelous feats accomplished. Waiting for the first tooth is often rather tedious, especially if the teething period is somewhat belated; but as the teeth will come through in their own good time, and the parents cannot, by coaxing or other effort, force them through the little pink gums, they have to be content and let them come as they will. The first word or the first cooing is easily translated into "Papa" or "Mama," depending entirely as to which parent happens to hear the first delightful little sound; but the first step is where both parents, admiring relatives, and nurse are

all only too willing to lend a helpful hand to assist nature and the baby along.

Most children are naturally ambitious to progress. Their powers of mimicry are keen, and they are eager to do the same things they see their elders do. They will try to walk just as soon as they feel that power within them which comes from strength. Surely the most ambitious parent is not more proud than the little tot who takes his first step alone; with feet firmly placed in position, body bent over, hands before him on the floor, first he lifts his head slowly but surely, then straightens his little body up, up, little by little, until he finds himself in an upright position; to be sure, a little uncertain as to his equilibrium, but with radiant face and delighted chuckle at the feat he has accomplished alone and unaided. He now becomes daring enough to venture to take a step or two forward, but at this stage is usually so overcome with delight that he loses his balance and rather precipitately comes down to the floor again. He is happy, though, for he has taken his first step toward independent action.

The method of teaching children to walk by allowing them to choose their own time and means of doing so is best by far, for if walking is forced upon the child by ambitious parents or attendants the results are far from satisfactory, and often the cause of a deformity. Bowed legs are almost inevitably the result of urging children to stand on their feet before the bones of the legs are sufficiently firm to bear their weight. While they are in a soft and undeveloped condition they naturally bend a little beneath the weight, and repeated endeavors to make the child use his legs and feet while they are in this condition cause the curve to become more and more pronounced, and as the child grows older and the bones harden the deformity becomes fixed and permanent. Sometimes the bone just above the ankle will curve out toward the instep; this straightens out somewhat as the child grows older, and can be overcome by wearing shoes made especially for the purpose; but the more common form of deformity is when the bone takes an outward curve between the knee and the ankle-joint in the shape

of a bow, from which the name "bow legs" is derived. This deformity in very young children is sometimes caused by wearing a diaper that is too bulky, but at that age the bones are so soft that if the cause is removed the legs usually right themselves without interference. Round shoulders are also apt to result from urging children to walk too early.

When one attempts to assist nature it should be done carefully and intelligently, and by natural aid, not physical force. If a child is backward in cutting teeth or walking it is because there is something lacking in his system—something which should enter into the composition of the bones and give them strength. Assistance by artificial means is not always the best or most effectual way to obtain results; it is far better to try to find what kind of food nature supplies which will give the most nourishment for these parts. The majority of children learn to walk about the twelfth month, some do not walk until much later, and a few walk a month or two earlier. All children at a certain given time do not start in and walk; they

come to it gradually, first by pulling themselves up to a half-way standing position and resting on their knees. Soon they become a little bolder and manage to get on their feet; later, with some assistance, such as a chair or other piece of furniture, they will take one step, then another, or, with a little help, take two or three steps. This is a child's natural way of learning to walk, but he will not attempt to do this unless he feels instinctively that his legs are strong enough to bear him; it is just as natural for a child to do this as it is for the teeth when they are perfected and strong, not before, to force their way up through the gum.

It is always best to let the child take the initiative rather than to urge him, as at an early age he is keenly alert to his own capabilities; if his bones are soft and sensitive to pressure, intuitively he will not court unpleasant sensations by forcing them to bear his weight; even a baby will not try to sit up until he feels that the muscular tissues are firm enough to support the little spine.

Unless the child shows some inclination

to stand on his feet by pulling himself up on your lap or by some piece of furniture it is not wise to urge him; but if he takes the initiative, then a moderate amount of assistance can be given, such as by placing the hands around the child's chest to assist in steadyng him, or by lifting him so that the feet touch a table, chair, or any flat surface. Then allow him to give light springs or jumps from the resisting body, supporting him so that only about one-half his weight rests on his feet. This is good exercise, and enables the child to gain confidence without forcing him in any way. A little later, when he has learned to stand firmly on his feet and shows a desire to take steps by stretching his hands toward you, take them in yours and let him take two or three steps, no more.

If by the fifteenth or sixteenth month there is no attempt on the part of the child either to stand on his feet or to walk, it is a sign that the bones are softer than they ordinarily should be at that age. A special diet should be selected with a view to supply, as far as possible, the lacking material which should make them firmer

and stronger. It frequently happens, when the walking period has been delayed this late, that a child has lost some of the ambition which a normally healthy child at a much earlier age usually displays. Such children need some help and encouragement to induce them to walk.

Children who do not walk until late are either rachitic or have had some illness which has left them too weak to make the attempt. The latter, as soon as they feel strength coming back, become ambitious, and will usually make up for the time they have lost. This is not so, however, with the rachitic child, who, especially if it has had a starchy diet, is apt to grow fat, heavy, and eventually lazy. To encourage these children in walking I would advise a "baby-walker," which is a circular affair with a seat suspended in the middle. It is excellent to help children to walk; the seat can be made higher or lower according to the length of the child's legs. It should be suspended at a height that will allow the ball of the child's foot to rest comfortably on the floor. On the upper circle of the frame the child can

rest his hands, and, with his feet just touching the floor, propel himself about the room. As he is in a sitting position, most of his weight falls upon the pelvis and thighs, very little on the legs from knee to ankle-joint, which is the part most likely to suffer.

In a few days, or after the child has learned to move about in this way, lower the seat a trifle more so that the foot rests still more firmly on the floor, and so, as the child becomes stronger and has more confidence, little by little lower the seat until he stands squarely on his feet, and by holding on to the sides of the walker he can, by its aid, walk all over the room. Although baby-walkers are excellent helps for backward children, they should not be used as chairs, and a child should not be left sitting in one for more than fifteen or twenty minutes at a time, as a child partly suspended in one of these for any length of time would find it very uncomfortable. He would also be apt to lean forward and rest his head on the framework before him, which position is bad for the spine. A curved spine is not any more desirable

than bowed legs. The child may be placed in the walker several times a day for the time mentioned without harm.

There is still another class of children that do not walk as early as they should; cases that are not due to lack of bone development or to sickness, but to over-cautious mothers and nurses who, fearing draughts and consequent colds, will restrain perfectly healthy and normal youngsters from touching the floor. Even the privilege of creeping and rolling around the bed is denied them for fear, in their abandon, they might indulge in a tumble to the floor; consequently these healthy and would-be active children, at the time when they should be running about, are instead hugged in the nurse's arms or securely tied in chairs high enough to escape the dreaded draughts. In the morning and after the noonday nap these poor little held-backs do try to help themselves a little by pulling themselves up by the sides of the crib and trying to walk around its narrow confines; but with little success, for the long nightdress, rumpled bedding, and spring-mattress make these attempts

almost futile. I have known several children who have thus been held back, and in no instance has the child profited by the treatment; in fact, the enforced inactivity has been anything but beneficial. Neither has it been effectual in preventing colds, and before the cold weather was over these children were usually limp, spiritless, and delicate. This kind of treatment, depriving the child of the use of his legs, seems almost worse than urging him to use them too soon. It is harder, too, now for a child to learn to walk, for we all know that concussion is greater when a heavy body falls than when a lighter one does.

The child at one year experiences little difficulty in learning to walk or to balance himself; he has no fear of hurting himself, for if he topples over he is so small and light that the concussion is very slight, and apparently makes no impression. He immediately picks himself up and resumes his endeavors to balance himself, and with each effort gains more confidence. It is quite different with a child who has been withheld from the privilege of walking

until he is a year and a half or two years old. The chances then are that he is not so strong as the younger child, that he has grown heavy from lack of exercise, and at last, when allowed the use of his feet, is not sure of himself and fears a fall; or, from constant holding and fondling, the child may have become delicate. Lack of strength alone stands in the way of this child's walking.

Draughts which creep in under doors and window-casings are, no doubt, dangerous, and are without doubt a menace to the health of little children who are not protected from them. It is also true that the air at the floor is colder than it is higher up in the room; still, with ordinary precautions a child may play about the nursery floor most days during the winter without danger of catching cold from draughts. A thermometer should be hung a foot or two from the floor, and the temperature at that height should be kept as uniform as possible at about sixty to sixty-eight degrees Fahrenheit. If there are draughts coming in from under the door or window, newspapers placed at the

cracks will obviate that difficulty; a warm rug or comfortable thrown on the floor will protect the child from the cold. If the mother is still skeptical she may indulge in a nursery pen, and place it as far from the door and window as possible; the soft, comforting rug can then be placed in the center of it; the sides, if necessary, can be padded to further exclude any possible draughts; within this inclosure the baby can, with safety, sit and play with his toys; or, by holding on to the sides of the pen he will pull himself up to his feet and, thus supported, learn to walk entirely around the little inclosure. This little pen also keeps him from creeping into places where he ought not to go when mother's back is turned for a moment, and if he takes a tumble his head will not come in contact with the furniture.

In connection with children learning to walk it might be well to say a word in regard to their shoes and stockings, and I would here urge the mother not to allow style or sentiment to influence her in the selection of either. Health and comfort for the feet should be the first considera-

tion, for there are probably no other members of the body which, if not properly cared for, can be the seat of such discomfort, to say nothing of real anguish at times. The care should commence long before the child learns to stand upon them, for at an early age a very slight pressure such as a tight stocking might give is capable of causing deformities which, while almost too slight to be noticed at the time, often prove most painful later in life. Stockings may be of merino, silk, or cotton; it matters little which as long as the feet are kept warm. They should be neither too large nor too small, but just a comfortable fit. I would advise having only a few pairs of stockings on hand at a time, as babies' feet grow rapidly, and in a very short time the shoes and stockings are outgrown; tight stockings are capable of doing as much real harm to the foot as tight shoes, and stockings that were provided for the child at six months, just because they are still whole and good, should not be made to do duty for the child at eight months. The child's foot has grown very materially, and more than likely the

stockings, too, from constant washings, have become more or less shrunken; and still, without any thought of the discomfort they might cause the child, the little feet and legs are too often stuffed into outgrown stockings. Aside from their being uncomfortable to the child, stockings too snug in fit will in time cause the toes to round out, and later in life we find the middle toe of the foot curving upward; as the toes grow larger it is forced against the top of the shoe, and the constant friction causes painful corns. If the middle toe is not forced upward we are apt to find the little toe crowded either under or over the one next to it. This frequently causes soft corns between the toes. In order to avoid these difficulties stockings from the very first pair on should fit the foot smoothly and easily without wrinkles and without pinching the foot.

It cannot be denied that shapely, chubby legs look most cunning and inviting in their pink barenness when only half-stockings, or socks, are worn, and it is usually the mother who will not allow her baby to touch the floor for fear it will take cold

who is utterly oblivious of a possibility of harm happening from exposing those little uncovered legs on cold spring and autumn days. There is always danger and menace to a child's health in not properly protecting the legs and feet. It is the cause of many colds and sore throats. Cold extremities also seriously interfere with good digestion and sow seeds of rheumatism. In warm weather the probability is that no harm will result from the wearing of socks, but think of the annoyance to the child in consequence of this pretty fashion. Those pretty legs make a dainty feast for mosquitoes and other insects. Do you think the child enjoys this? True, a mosquito can bite through stockings, but I do not think he would bite nearly so often were he not tempted by the sight of the bare and tender flesh. Then there are scratches and bruises from bushes, briars, etc.; these would be far less if the legs were properly protected by stockings.

The shoes of a very young child should be knitted, or made of cotton or woolen cloth or soft kid, and, like the stockings, should be a perfectly easy fit; no matter how

light and flexible the material is, the toes should not be the slightest bit pointed, for if so the toes cannot help being crowded together. Have the toe of the shoe broad enough so that each toe can move separately. As soon as the child stands on the floor and attempts to walk, he should be provided with shoes that have a somewhat firmer sole, but still quite soft and flexible; as he uses his feet more the soles can be a trifle stouter. Always select children's shoes with care, see that they are a good fit, so long that they do not crowd the toes under, broad enough not to cramp the foot, but not so large that the foot slides about in them. Watch the feet carefully; do not allow a child to wear a shoe a moment after it is outgrown, for a shoe a very slight fraction of an inch too short will cause the joints of the foot to become diseased, and the child, in order to avoid the discomfort of the toes pressing against the end of a shoe that is a little short, will form the habit of walking on the side of his foot; this causes a weakness of the ankle.

Heels are not desirable on the shoes of

little children, but by the time the child is two or three years old the heel end of the shoe should be slightly elevated, otherwise there is danger of flat foot. The sandal, now so popular for children's wear, allows a free action of the toes, but its flat sole does not support the instep, and it is the cause in many instances of the arch of the instep breaking down. High heels should never be worn, but when the child graduates from the spring-heeled shoe one with a broad, low heel should take its place. Children who have weak ankles are much benefited by wearing shoes with reinforced or stiff ankles. There are, also, shoes made to correct the deformity of bow legs, but these must be worn at an early age in order to prove effectual.

## XII

### PHYSICAL TRAINING FOR CITY CHILDREN

PHYSICAL training is more or less necessary for all children, but for the city-bred child it is most essential. Perfect health cannot be associated with a body whose organs and the muscular tissue encompassing them are physically weak; neither can one expect to find health of mind and intellect where there is not health of body. As the population in our large cities becomes larger and more congested there comes an urgent need for the children to have a certain amount of systematic daily exercise. This is especially true of the children of the better classes, who while in the house seldom have the run of more than one room which serves as nursery. If the home is a private dwell-

ing this room may be a fair-sized one, but if an apartment, it is usually very small and often poorly ventilated.

One mother remarked: "I keep baby in the open air all day in pleasant weather, so the night really matters little"; but of the many unpleasant days no mention was made. This mother was what may be called a model mother. At least she certainly tried to be one. Her baby was dressed most daintily and simply, the undergarments were made of the most approved hygienic shape and material; soap and other toilet accessories were of the finest and purest; in fact, everything pertaining to the child, including the model nurse-maid, was quite up to date. The baby's ruddy little cheeks spoke for the hours spent in the park; but with what would seem almost perfect surroundings and care there was evidently something lacking. One cold after another seemed to pursue this little six-months-old baby. These colds were not especially severe, but the persistency of the trouble and the child's seeming physical inability to ward them off necessitated the occasional attention of a

physician and kept the mother in a constant state of anxiety as to the cause of the attacks. The mother also became over-careful about wrapping baby up when he went out, and kept him pretty well covered in the house. Also she deferred putting him in short clothes.

Aside from these colds the baby seemed fairly well, although it was noticed that his flesh seemed rather soft, with no resistance, also that he was easily chilled in the bath. Frequently it would be twenty minutes or more before finger and toe nails, which had assumed a bluish hue, resumed their natural pink color. With good heredity, good surroundings, and good care, it was rather difficult to determine where the fault lay and why this trouble should persist, so it was decided to carefully study each day's routine and try to find, if possible, the defect and the cause of the trouble. The result was as follows: The milk for the food was selected from a dairy noted for the purity of its products; it was carefully prepared and administered at the proper time; and the bottles were kept absolutely clean. The fact of the child's

never having had any gastric or intestinal disturbance spoke for itself. The bath was given at about 8 A.M. in a well-heated nursery, after which the bottle was given and the baby took a nap lasting from one-half hour to an hour.

As soon as he awoke, hat and coat, which had previously been thoroughly warmed, were donned and he was taken out for the daily airing. The coat, which was heavy and long, was closely wrapped about him and the ends were turned up and pinned over the feet; the child was then placed in the perambulator, on his back, and from the neck down he was snugly tucked in; certainly he looked comfortable and contented even if he wasn't allowed to move hand or foot. At noon the child was taken into the house to be fed and have his nap. The nap was taken in the nursery with windows wide open, the outdoor wraps not being removed. After the nap he was taken out again for three or four hours more, according to the brightness of the day. During the hours spent in the house between rising and going to bed the child was either in the nurse's arms, lying placid-

ly on her lap, or on the bed, with an afghan over him.

Carefully considering the case, it was decided that the conditions surrounding the child seemed perfect, with one exception, and that was an almost total lack of physical exercise, for about the only time in the twenty-four hours the baby had any free use of arms and legs was during the morning bath and the short time consumed in dressing and undressing him. Of his waking hours a good half or more were spent flat on his back, bound down like an Egyptian mummy under his heavy coverings. He was totally unable to move hand, foot, or any part of his little body. During the remainder of the time, whether held or lying down, long petticoats and dress hampered any movement attempted. It was very evident that this baby did not get even that slight amount of physical exercise needed to keep even as small a body as his in fit condition, so a series of so-called exercises or gymnastics was instituted as an experiment. The result was a marked success.

Although it was midwinter, the first

movement toward giving the baby free action of limb and muscle was to substitute short clothes for long ones, in order that while the child was in the house he could move and kick his legs quite freely. When out in his baby-carriage, instead of being tightly tucked under a heavy wool robe, he was loosely wrapped in a small eider-down comfortable which had the advantage of being quite as warm as, if not more so than, the wool robe; and, being light and loose, the child could move his legs freely. Besides this, late every afternoon, just before the evening meal, with all clothes except undergarments removed, the baby was placed on his back on a low table with a soft pad under him, and the nurse put the child through a short series of exercises.

First, grasping one leg by the ankle, with slight tension she slowly raised it until the upright position was reached, or, in other words, until the leg was at right angles with the body. This was done two or three times, then the other leg was put through the same course; then both legs together. The arms were then placed in position alongside the body and, like the

legs, first one, then the other, then both were gently and slowly raised above the head and each movement gone through two or three times. The hands were then brought up to the shoulders and the arms spread out from the shoulder the same number of times; after this ten minutes of gentle massage was given to the entire body, especially to the legs and back, a little melted cocoa-butter being used as a lubricant. While always a fair sleeper, the baby now began to sleep as never before; his sluggish circulation by means of these exercises was whipped up into a normal activity, and there was no more blueness of finger and toe nails; and as for the chronic colds, they were forgotten as a thing of the past.

It does seem ridiculous to assume that physical exercises are at all necessary for infants of tender age, but I can assure you that cases such as the one just described are altogether too common among babies in the city. Children with exceedingly nervous temperament or those suffering from malnutrition must be made to start very gradually with these or any other

form of exercises. At first it is best to commence with massage only, and preferably just before putting the child to bed for the night; after a week or two of massage gradually work in one movement each of legs and arms, gradually increasing the number of movements as the child grows stronger. With a healthy child it is well to commence the regular physical exercises with not more than two or three movements of each exercise; in a week or ten days add one more movement. Keep up this method, slowly increasing until each exercise is gone through with six or eight times.

Older children of a year or more fare little better than the infant in the way of daily exercise. During the months when they are confined to the city, no matter how much the child is kept out in the open air, the conditions are such as to preclude much physical exertion. Take, for instance, the little creature strapped in his go-cart the better part of the day. He goes out after breakfast, comes in for dinner and a short nap, then out again until sundown, then back for supper and bed.

The only exercise he can possibly get at best in the twenty-four hours is a series of romps up and down the nursery or up and down the floor the nursery is on. He is taken up and down the stairs in the nurse's arms or in an elevator, and while on the street he is strapped in carriage or go-cart. Possibly he may leave the cart for a few moments to slowly drag along, held fast by the nurse's hand, or, if in the park, he may be allowed to stretch his little legs for a while by walking around the bench on which the nurse is sitting, to rest her weary limbs (for it may be said in behalf of the nurse that her legs and arms often get more than their share of exercise in the tedious task of pushing the heavy perambulator for hours over the hard city pavements, to say nothing of the monotony of the occupation).

To return to the child, no such happy or unhappy lot is his; he must not be allowed to stir from a selected spot or come in contact with other children, for fear of contracting some dreaded contagious disease. This is really quite proper, too, for the promiscuous mingling of children and

nurses in the streets and parks is exceedingly dangerous and often the cause of spreading contagion. Children do survive the discipline and curtailing of outdoor exercise of a city winter, but is it not well to give them every advantage during this season? While nothing will quite take the place of the open-air exercise which these little ones obtain from their summers in the country, still this can be greatly augmented by systematic physical culture during the winter.

The simple exercises described for the baby are sufficient for a child up to the second or third year; probably part of this time the mother or nurse will have to assist the child, as he will hardly be old enough to go through with them alone. In addition to the exercises already described, have the child lie on his stomach and raise his feet and legs as far back toward the head as they will go; the object is to raise the leg from the knee to the thigh a little, if possible. Do not force the child in this movement; let him go as far as he will without urging, and no farther. Also let him raise his head backward as far as

he will. These movements are particularly good for developing and strengthening the muscles of the chest and abdomen. While the child is in this position mother or nurse can be stroking the spine; to do this properly use the entire palm surface of the hand. Commence at the neck, and with a firm but gentle stroke bring the hand slowly down the spine to the extreme end; repeat this several times. Usually a child—or adult, also, for that matter—will stand this stroking for any length of time, as it is particularly restful and soothing. A little sweet-oil may be used for lubricating the hand, or, better still, a solution of one teaspoonful of alcohol to two of water.

When children reach the runabout age, and after they have left the city for the summer, it is not necessary to give these exercises, for the seashore, with its salt-baths and sandy beaches to dig in, or the run of broad fields and lawns, practically settles the question of physical exercise for the child for the time being.

It is not a good plan to allow a child to sleep with its hands and arms tucked under

the bedclothes; they should be outside the covering and unconfined, as this allows the child to breathe freely and naturally, thus causing the lungs to expand. If the mother fears a cold a long-sleeved bed-sacque may be worn over the nightdress, and the sleeves can be made long enough to come down over the hands and be drawn in at the hem with a tape if the mother deems it necessary.

As soon as an infant is able to sit up without assistance a correct position should always be maintained. If the child be bolstered up in crib or chair when tired he will slip down and rest on the end of his spine, or sometimes he will bend over and rest on the pillow or bed in front of him. Either of these positions is bad, causing a weakening and rounding-out of the spine, and as soon as noticed the position should be changed to a reclining one or the child should be held in the lap, the hands supporting the back. To sit correctly the child should rest on the pelvic bones and thighs. A child should not be allowed to sit with the feet crossed in front of him, as this will later cause the

child to walk with toes turned out at an extreme angle, and encourages an ugly gait.

Massage should be kept up until the child is able to walk. About the third year or earlier, if the child has learned to stand firmly on his feet and walk alone without tottering or swaying, the Swedish foot-movement exercises should be commenced. These are exceedingly simple and easy for a little child to learn, and as soon as they are well under way and he is thoroughly accustomed to them, teach the child to raise himself on his toes, and let himself down again. After a while he may take three or four steps forward on the toes until he can cross the room in this position. These exercises are unsurpassed in developing the muscles of the legs; they also teach the child at an early age poise. He assumes an easy and graceful carriage in walking, quite different from the fat-legged child shuffling and stumbling along at the nurse's side, rarely lifting his foot from the pavement. Children who have had the advantage of early physical training do not pick their way

around a puddle to avoid wet feet, but with a light spring skip over the impeding obstacle, then turn back to see if it can be cleared in a standing jump.

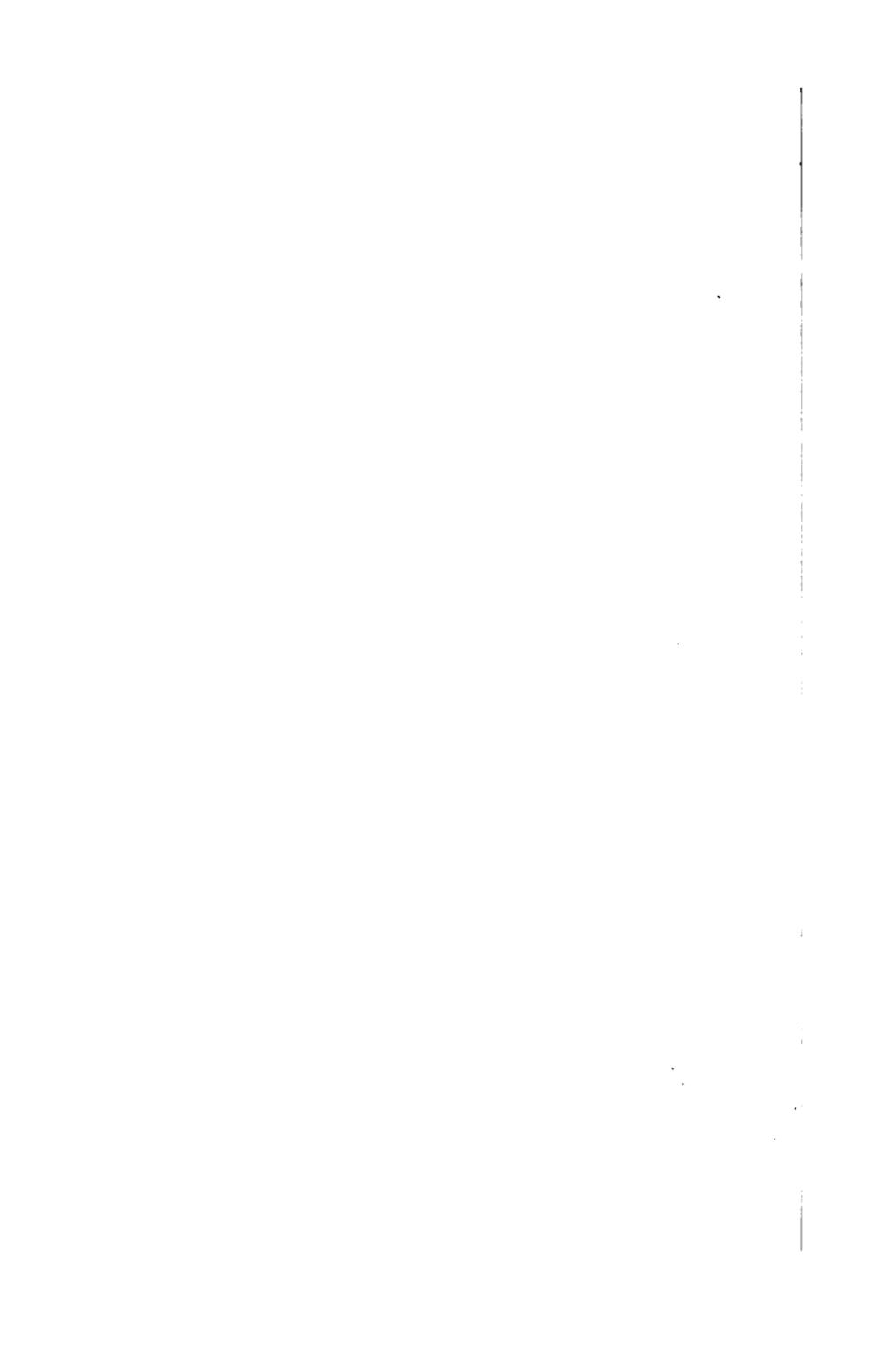
As early as possible the child should be taught deep breathing. He should stand in an upright position and take from six to a dozen good deep breaths two or three times a day. If the child is inclined to stammer have him hold the breath for three or four seconds, which will help to overcome this habit. The mouth should be closed during this breathing exercise, which necessitates keeping the nostrils free from obstructing mucus. If more attention were paid to keeping the nose clean there would be less mouth-breathing among children, which causes most of the nose, throat, and ear troubles so prevalent among them. There are a number of small books on physical culture which would greatly assist the mother in selecting a variety of exercises for the daily routine. For children over five years of age the gymnasium once or twice each week is very beneficial. In cities most schools for physical culture have a children's class,

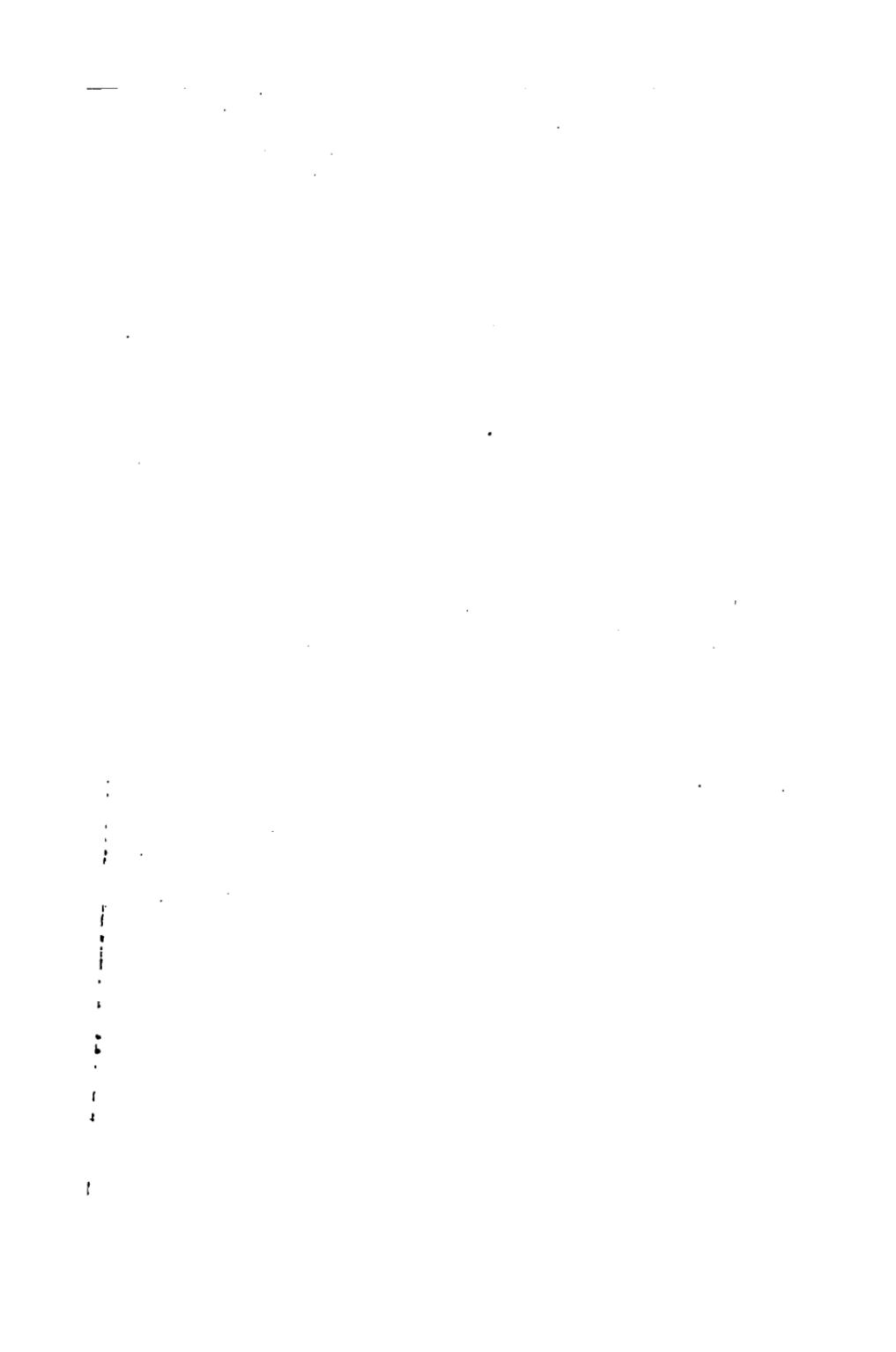
which is usually in charge of a young woman. Gymnastics, however, should not be carried to the extent of trying to accomplish difficult feats or stunts. Over-training is apt to result unpleasantly, but every movement of arms, legs, or body which helps to develop strength and grace or beauty of outline and figure should be cultivated. Dancing-schools, by the way, if sensibly conducted, are an excellent means toward developing these graces.

When children are old enough to attend school I would advise the selection of one where good, sensible calisthenics, not show ones, are a part of the daily régime; also where attention is paid to the child's posture while sitting at desk or standing during recitations. Many children acquire spinal curvatures and unequal development of hips by not having careless habits in the school-room corrected. Remember, too, that at this age the daily bath is still an important factor in the physical well-being of the child, for as the child grows older and attends school there is a growing laxness in this respect, and a hasty com-

promise in the shape of a sponge takes the place of the full bath. Don't neglect the bath; it pays. At an early age stimulate in children a normal pride for physical perfection and cleanliness.

THE END





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